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## THE GOAL OF NURSING EDUCATION<sup>1</sup>

BY LAURA R. LOGAN, R.N.

**M**EMBERS AND friends of the National League of Nursing Education, I count it, indeed, a privilege to speak for the National League of Nursing Education on this occasion. We appreciate deeply this gracious welcome given by one who has always been an advocate of nursing and who speaks not only for the city of Minneapolis, but for the State University of Minnesota, the university which was first in the country to give a place within its portals to the undergraduate preparation of the nurse.

It is good to be in this atmosphere where nursing education is carried on with state support as one of the functions of a great state university, a university which recognizes that to create enthusiasm among its students for nursing and nursing education, and to assure a genuine efficiency in its output, direct contact with the living problems of the medical and nursing care of all types of patients is certainly as vital and important as a true academic regard for the underlying principles of social welfare. The University of Minnesota

has, therefore, thrown wide its doors to four major hospital schools of nursing in this city, merging these with its own school.

It would, under ordinary circumstances, be a pleasure and a privilege for the National League of Nursing Education to meet in Minneapolis, but when one reviews the occasion of the League's last meeting in this city, sixteen years ago, and contemplates the things of importance for nursing education which were discussed or originated there and which have since become realized, the pleasure in being here takes on unusual significance. It seems proper and eminently practical to allow our minds and hearts to review the things which transpired at that meeting.

Isabel Hampton Robb was president of this society, then known as "The American Society of Superintendents of Training Schools for Nurses." In the clear and beautiful sentences of her opening address, she vividly brought before the meeting, the problems and hopes of "Nursing Education." She spoke of the one hospital—the City Hospital—as the only hospital in Minneapolis on her first visit there some years previous. Today, we find in Minneapolis

<sup>1</sup>Address of the President of the National League of Nursing Education, delivered at the thirty-first annual meeting of that organization held in Minneapolis, Minn., May 25, 1925.

many hospitals and of the finest type, and a rapidly developing system of university nursing education.

If Mrs. Robb were only living and with us today what joy would be hers to see the fulfillment of her vision that has come about within these short sixteen years.

One of the important things which the program committee arranged at that meeting was a paper by Dr. Richard Olding Beard on "The University Education of the Nurse." Today the university education of the nurse has become a reality in some twenty universities in this country. This meeting, as well, is fortunate in having Dr. Beard address us and can we not hope that events as important and far reaching may be the outcome of this convention.

The movement to affiliate the American Federation of Nurses<sup>2</sup> closely with the American Red Cross was reported at that meeting of the Federation sixteen years ago in Minneapolis. I need not remind you that this wise forethought was in no small part responsible for the never-to-be-forgotten service which that great army of American Red Cross Nurses rendered during the World War. In connection with this work of the American Federation of Nurses with the Red Cross, it is significant to note the names of Isabel Hampton Robb, M. Adelaide Nutting, and Anna C. Maxwell as members of the committee. The peace program of the Red Cross, the development of the Red Cross Public Health Nursing Service and even the work for nursing

education which the American Red Cross Nursing Service has done abroad since the war, rest upon this earlier farseeing, thoughtful planning and here we pause to pay tribute in our hearts to the name of Jane A. Delano. And, more, the developing of our national nursing headquarters is closely connected with the developing history of our Red Cross and its nursing service, and with the name of Clara D. Noyes. The growth and strength of our government nursing services today may, in a large measure, be traced back to the well laid plans of nursing leaders who were prominent at the time of that meeting sixteen years ago. This year the Veterans Bureau nursing chief has found it possible to buttress her nursing service by an appeal for the appointment of representative women from the national nursing organizations upon an advisory committee of nurses to the medical council of the Veterans Bureau. Thus important history is repeated.

Miss Nutting was president of the American Federation of Nurses which met here at that time. She called attention in her presidential address to the rapid growth of state registration for nurses. Four years previous to that meeting, registration for nurses had been secured in five states only. At the meeting in 1909, twenty-three states had enacted such laws. Today, in 1925, we have registration in forty-eight states, including the District of Columbia, and state registration occupies an important place in the development of nursing education.

The grading program for schools of nursing will undoubtedly be another important phase in the development of nursing education. The value of its

<sup>2</sup>The American Federation of Nurses, an organization now extinct, was composed of the two national associations of nurses then in existence,—the Superintendents' Society and the Associated Alumnae.



contribution toward professional nursing education will depend largely upon the wisdom with which criteria are set up for the judging of schools of nursing and whether these criteria are decided in terms of the service which the nurse is to give all through her professional life, not merely in her student days. It will depend upon the determination of criteria sufficiently exact to keep all schools up to their best efforts in both practice and theory, and yet elastic enough not to crush the small struggling school whose spirit is right and where growth will come in time, with encouragement and leadership.

It must be that the criteria set up are not themselves too static but that these criteria shall constantly raise their standards and requirements, for what is good today may be poor tomorrow. It must be that our criteria do not level down, but constructively raise the standards of nursing education in our better schools and university centers and attract and prepare sufficient numbers of instructors and administrators to provide leadership for the schools we grade. For difficult as it may be to create a standard for grading and apply it with fairness, it will be much more difficult to answer all the calls for help in the administration and teaching of nursing which this grading will create. Along with the scheme for universal grading, there must be an equally universal scheme for a corresponding development in the university education of the nurse.

At that meeting in Minneapolis, sixteen years ago, Miss Nutting had completed a second year at the Department of Nursing and Health at Teachers College, Columbia University. This year

we pay tribute to Miss Nutting's completion of eighteen years in that institution of outstanding leadership and service for nursing education. The growth and development of the department there under her leadership is well known to all the nurses of this country and especially to many of us who have benefited by study therein. Great leaders are few and we owe to her collectively and individually more than we can hope to express or repay. I am not certain but that the greatest compliment we can pay her is to develop such leadership of our own as we may and so carry on the cause of nursing education.

When we think of the gifts of alumnae, state associations and individuals for the work of the department at Teachers College, as reported at that meeting sixteen years ago, it is easy to visualize a like generosity in the next sixteen years for the fullest development of those centers of nursing education in the universities which have already signified their interest by the formation of undergraduate schools of nursing. Indeed, it is not too much to hope that through loyal support of alumnae, state associations and individuals, the university education of the nurse can become assured in practically every state in the Union in the next sixteen years.

At that meeting, also sixteen years ago, Lillian Wald told of her vision of a Federal Children's Bureau and of the work being done to secure the passage of the bill which at the time had just been favorably reported before both Houses of Congress.

At that meeting, also, the president spoke of the work which was just then beginning for the prevention of infant

mortality and called attention to the very recent establishment of school nursing in New York City. The work, then, of the Children's Bureau before and during, and since the War, the countrywide focusing of the attention of all classes of society upon a great movement of child conservation is the growth of some sixteen years or more.

One cannot help hoping that we at these meetings may show the same foresight as did these pioneers—that out of these meetings may come as far-reaching ideals and new departures in nursing and nursing education as were outlined and fostered then.

Such a review as this brings one rather forcibly to realize how much wider and more complex are the relations of nursing today to other fields and activities than they were even sixteen years ago. The rapid development of state registration alone which we have noted, has called for a knowledge of state government, of law and of politics for which the leaders in these movements have had to seek tutelage outside of our nursing schools for themselves. Perhaps the nursing school of the future, at least in its university aspects, will include courses in civics and government, for some of us at least.

The development of university schools of nursing, themselves, has many ramifications and exacts of us new kinds of knowledge and service. It requires of us a surer knowledge of the administration and curricula of colleges and universities; information regarding entrance requirements; consideration of the costs; and the relative merits of our various universities and colleges throughout the country. These and a multitude of other problems we are in

duty bound to consider ours, too, now.

The establishment of each university nursing department moreover requires that its head not merely follow preformed schedules, but so select and adapt such courses as are offered in that particular university as to obtain a maximum of value and growth for her students there. The degree in itself will mean little, if the content of the course is flimsy and too large a proportion of the work in the Junior College. It should be of the stuff that will stimulate the better students to do graduate work. It will require courage and a high degree of knowledge and study to perfect and realize a system of nursing education which will not fall too far short of the ideal which the president of the Carnegie Foundation for Teaching indicated in his latest report, as the two fundamental requirements in education today.

A liberal education in the sense of training the powers of the mind, and a technical training for skill in the arts and crafts. These are the two great sources of human usefulness and happiness that organized education aims to open up to every member of the body politic—the ability to think clearly, and the ability to do some useful service with skill and precision.

This much we certainly ought to give to the woman whom we intrust with our nursing. I re-read this quotation, that we may note the dual inclusion of capacity to think and skill to serve as the educational ideal.

Even if we assume that the two types of preparation for the nurse which are frequently discussed were introduced, one for the more routine bedside care and the other for the original and wider ranging work of administration, public health and teaching, then the tendency

would be, after graduation, for the first group to take up private duty nursing, whereas the second group would seek positions of an administrative or research type. This, in my opinion, would be bad for the work and bad for the workers.

It would be bad for the work of nursing because, even in the rather routine type of work to which workers at the bedside are assigned, there is need, not only of the routine, but also of a continual inflow of intelligent and broadly educated minds in order that routine may not deaden, and in order that the new conditions, which a changing society is continually introducing, may be met with new courage and new methods.

In order to induce such intelligent and well educated persons to undertake the important work of nursing human beings there must be no hard and fast separation into groups in their preparation. The pathway for promotion and advancement to positions of high responsibility in our democratic society must always be kept open from the beginning for all alike.

It is equally important for the more responsible teaching executive and public health positions in nursing that those who occupy them shall have had not mere academic contact with, but an actual first hand and responsible part throughout, in the bedside care in the hospital and in the work of the visiting nurse in the family which is the main-spring of nursing and health teaching.

University education, including medical education, is undergoing continuous reconstruction and it may be that the development of nursing education, if we have courage and knowledge and fore-

sight, may establish university policies which other educational groups may find helpful and wish to adopt. Certainly we cannot feel safe in merely adopting or imitating university curricula as they now stand, because it is certain that they themselves will be greatly modified in another sixteen years.

I look forward to the time when the requirements for preparation for teaching the various subjects in the hospitals and in our schools of nursing will require as many courses and such sequences in each subject, over and above mere courses in methods, as will be at least equal and necessarily superior to those required for the preparation of the teacher in our high schools today. At present even our best trained instructors for the most part fall far short of even these requirements. This we must remedy early if we hope to benefit by our grading system of schools. We can only best utilize what universities offer when women with degrees teach not only the theory, but the practice of nursing; when it is the rule and not the exception for the teachers in our schools of nursing to have planned their studies from high school on step by step definitely preparing with the least possible waste of time and the fullest sequence of courses fundamental to their work in nursing education.

Finally the development we have found taking place in these sixteen years in the whole public health movement is perhaps the most exacting of all, as we contemplate the goal of nursing education, for it carries a large proportion of our graduates out of the hospital into the home, away from the care of the sick to the prevention of ill health, into the school and into working

relations with many civic and private and charitable organizations. On the other hand, the clinics and social service departments among others bring the home and the community into the hospital. The value of the response which the graduate nurse makes depends very largely upon the understanding which is given her as a student of the part she plays in the social welfare of her time.

In a day and age when life has become so well organized and complex, the whole attitude toward nursing and nursing education is necessarily very different from that of sixteen years ago. The times, therefore, require a rebuilding of the ethics of nursing to include our ethical relation to the many new phases of our work, to the public health, to city, county and state health organizations the application of whose art extends into politics, education, schools—indeed, into almost every phase of life. All of which is in direct bearing on the fact that the education of the nurse *must have incorporated into it all that will fit her to live as a good citizen and to do her part in promoting a high quality of human life.*

Florence Nightingale made her great contributions because she had learned to think clearly and was a student of wide culture, used to thinking and digesting conditions in her own and other lands and because she preached the art of nursing in as exacting and instructive a school as her day provided.

It goes without saying that the fundamental beginnings for a student nurse should be sound health habits, a knowl-

edge of how to eat, how to maintain nutrition, how to insure normal nervous reactions, how to maintain normal body functions, the knowledge of correct posture and sleep and a good start in the knowledge of mental health ideals.

I believe that whatever steps are taken we must see to it that a high degree of skill is maintained and at the same time the research spirit must be born in nursing. It will be altogether fitting that some of the newer and better steps in nursing education be taken here in Minnesota where so important a step was taken sixteen years ago.

I believe that we have but begun to tap the possibilities of the art of nursing. Society is rapidly changing its attitude toward the work of the nurse. This is measured by the rapidity with which universities are making a place for her preparation and by her place in public health. The nurse has within the past fifty years become a very important instrument or agent of science in the application of its benefits to the race. It is, therefore, highly important that this agent, the nurse, have a sound preparation in the skill and the sciences fundamental to nursing, in the sciences underlying governments of cities, states and nations, in the understanding of educational policies, and of the social sciences, of charitable, health and other organizations.

The goal of nursing education, our ethical ideal, is to insure the best service which with knowledge and skill in our field we may render throughout the whole cross-section of social need.





## MAINTAINING THE TEMPERATURE OF SOLUTIONS

BY ELSIE C. BARNARD, R.N.

**T**HE EFFICACY of intravenous, subcutaneous, or proctoclysis injections depends largely upon the temperature of the solution. Up to the present time, the method adopted has been to place hot water bottles about the glass irrigator containing the solution to maintain the temperature of the solution. This method, however, has been subject to objections for several reasons:—first, the hot water bottles, when filled, do not fit closely enough to

the glass irrigator to supply sufficient heat to maintain the temperature; second, the fact that the solution must pass through several feet of tubing before entering the body, thus allowing the temperature of the solution to cool to a certain degree, is of great importance.

Recently, it was discovered that the temperature of the solution could be maintained more satisfactorily if the tubing were allowed to pass through hot

water just before reaching the body. The accompanying cut will illustrate the procedure. The necessary articles are a glass dressing jar (A) filled with hot tap water, to be placed on the bedside table on the same side of the bed as the irrigator (B), an extra foot of rubber tubing (C) will be necessary to allow sufficient tubing to pass through the solution in the jar in order to prevent pull on the needle or necessity of lowering the irrigator which should be two feet above the patient. Any kind of a basin may be substituted for the glass jar, the advantage of the jar being that the solution will not cool as quickly in a small-necked vessel.

The duties of the nurse are: First, to change the water in the glass jar as

often as is necessary in order to keep the temperature of the water as high as possible; second, to take care that the tubing does not kink in the glass jar; third, to make sure that the solution is flowing at all times. It is important that the utmost care be taken at all times because if there is an obstruction in the tubing the solution in the rubber tubing (C) within the jar (A) might reach too high a temperature and cause ill results.

The method of administration of fluids, which I have attempted to describe, has the merit over previous methods in that the equipment is more simple, and with an additional foot of tubing the variations in the temperature of the solution are greatly lessened.

## NURSING SERVICE OF THE U. S. VETERANS' BUREAU

BY MARY A. HICKEY, R.N.  
*Superintendent of Nurses*

THE VETERANS' Bureau nursing service, although the largest in point of numbers, is the youngest of the Federal nursing services, and is the fourth governmental nursing service to be established. From a nucleus of 300 nurses on duty with the Federal Board of Vocational Education, caring for the ex-service men then in training, who were transferred to the Veterans' Bureau in August, 1921, this service had its beginning. With the executive order of April 29, 1922, consolidating all agencies caring for beneficiaries of the Veterans' Bureau, 1,422 nurses, then on duty in the hospitals of the service, were added to this number.

The work of the nurses is mostly

with men and women who were disabled during the World War. To accomplish this work satisfactorily, the nurses must have two characteristics,—tact and a sense of humor,—to tide them over the petty annoyances of the day which really loom big in the horizon of a sick man, for the work is one where the nurse must feel a real interest and sympathy in the rehabilitation of these disabled World War veterans.

Life in the hospital post is new to most of the nurses. The gracious hospitality and friendly spirit manifested by the personnel make a deep impression, for many of our hospitals are small villages in themselves.

During the winter months lectures

were given by the staff, and nursing conferences were held in various hospitals with the view of developing that indefinable but precious thing called the "spirit of the staff."

In nearly all of the neuropsychiatric hospitals a systematic course of lectures is given in nursing procedure. The course is arranged to embrace a complete study of the background from which neuropsychiatric disturbances develop, the type of such disturbances and general nursing problems relating to the same. It is believed that this will prove an incentive to the nurses, create an interest, and instill a feeling that they are not neglecting their chosen profession.

During the past three years the nursing service of the Bureau has become favorably known to nurses throughout the country. This has been brought about by the maintenance of high standards which has also resulted in an increasing loyalty, efficiency and stability in this group of professional women. Consequently a wonderful *esprit de corps* has been consistently noted.

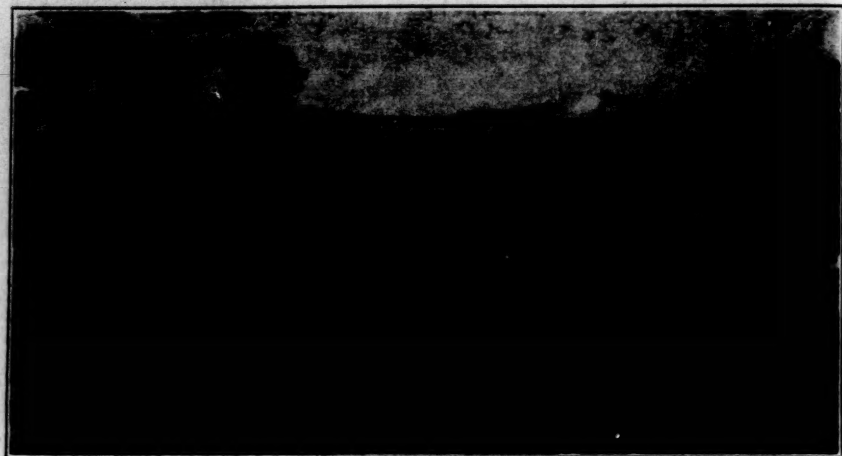
Realizing the necessity of making the service more attractive that we may be able to secure and retain efficient nurses, also that the morale of the nursing service might be conserved, it was decided that the most satisfactory way to effect this adjustment was to establish a permanent nursing service. It was recommended that a Veterans' Bureau Nurse Corps be established as a part of the Medical Corps, and that the pay and allowances of members of the nurse corps should be that of the corresponding grades of the Army Nurse Corps. This Bill was presented to Congress under date of February 16, 1925. It

passed the House but failed to pass the Senate.

Realizing at the outset the pressing need for nurses especially trained in neuropsychiatric and tuberculosis nursing, that our ex-service men might have the most expert nursing care, postgraduate courses in both subjects were planned and given by the Veterans' Bureau. The course in neuropsychiatric nursing was given at St. Elizabeth's Hospital, Washington, D. C., and the course in tuberculosis nursing was given at U. S. Veterans' Hospital No. 41, New Haven, Connecticut.

Following the passage of the Reed-Johnson Bill, June 7, 1924, the activities formerly conducted by the districts were decentralized and regional offices established in each state, with sub-offices wherever needed. The head nurse on duty in each regional office acts in an executive capacity in directing the activities of the nurses in the sub-offices. Nurses assigned to this field of Bureau activity will be required to make contact and secure the aid and coöperation of all nursing agencies in their respective areas. State, county and city nursing organizations and the American Red Cross Nursing Service will be utilized to the fullest extent.

There has been established an Advisory Committee of Nurses to the Medical Director and the Medical Council. The following national leaders in nursing, social service and public health nursing, are members of this committee: Adda Eldredge, President, American Nurses' Association; Clara D. Noyes, Director, Nursing Service, American Red Cross; Elizabeth G. Fox, President, National Organization for Public Health Nursing; Major Julia C.



Stimson, Superintendent, Army Nurse Corps, War Department; Laura R. Logan, Dean, Illinois Training School for Nurses; Lucy Minnigerode, Superintendent of Nurses, U. S. Public Health Service; Harriet Bailey, Department of Education, University of New York; J. Beatrice Bowman, Superintendent, Navy Nurse Corps, Navy Department.

The function of this committee is to advise the Medical Director, the Medical Council and its committees, with the object of improving the nursing service to our disabled veterans. This committee met in Washington, D. C., February 27 and 28, 1925, at the time of the conference of the Medical Council. It is felt that the interest and coöperation of these leaders in the nursing profession will be of inestimable value and assistance to the nursing service of the Bureau.

"During the fiscal year the gross expenditures at Veterans' Hospitals amounted to \$22,500,455. Modern permanent hospital facilities have been provided, additional facilities are now under construction, and others are being

planned. During the past year \$45,600,000 was made available for hospital construction. Throughout the year the patient load varied from 22,290 to 24,220 patients. At the beginning of the fiscal year there was in all hospitals, both governmental and civil, a total of 23,310 patients, of this Bureau, of which number 16,745 were in Government hospitals and 6,565 in civil and state hospitals."

There was opened during the past month at Livermore, California, Hospital No. 102. This hospital is designated as a tuberculosis hospital, it has a capacity of 302 beds, and is the first hospital of its type built entirely by the Veterans' Bureau.

This hospital plant is composed of 24 buildings; the operating rooms contain the most modern equipment. There is also a complete electro-therapy department in which the latest electrical treatments can be given.

In addition to the main hospital building, there are eight one-story cottages. These cottages are divided into cubicles or rooms, the front of which is



almost entirely of glass, and are for the care of the ambulant class of tuberculosis patients.

The Veterans' Bureau has provided for the ex-service women suffering with tuberculosis by building a unit complete in every detail accommodating 24 women patients. This unit has its own kitchen and dining room and a large living and recreation room as well as private porch so that the comfort and well-being of women patients together with excellent facilities for their treatment are assured. No expense has been spared and no provision has been overlooked for the comfort and convenience of the patients, and the most modern type of hospital plan and construction as well as equipment, provides wonderful facilities for the treatment of tuberculosis.

The nursing department comprises 34 graduate nurses, all of whom are specially educated in tuberculosis nursing. In addition to the nurses there

are 31 attendants to assist the nurses in the care of the patients.

The Veterans' Bureau nursing service comprises 1,700 nurses,—284 are on duty in the field nursing service in regional and sub-offices. The remainder are on duty in the 50 hospitals of the service.

The requirements for admission to the service are high. Nurses selected must be citizens of the United States, graduates of accredited schools of nursing, registered nurses and able to qualify under the regulations of the United States Civil Service Commission.

Salaries are as follows:

Chief Nurse, \$2,100 to \$2,700.

Asst. Chief Nurse, \$1,860 to \$2,400.

Head Nurse, \$1,860 to \$2,400.

Staff Nurse, \$1,680 to \$2,040.

It is the aim of the U. S. Veterans' Bureau nursing service to give the ex-service men the highest type of nursing care, that they may be "converted into the front line troops in our campaign of rehabilitation."

## FEEDING PREMATURE INFANTS

BY BEATRICE M. CLUTCH, R.N.

**N**URSING ANY premature infant requires much attention. Two authorities state that it is rare to save a premature infant under four pounds of weight without breast milk.

The best results are obtained when the baby can be placed in an incubator immediately after birth, and can be given breast milk.

### NURSING CARE

In many instances the incubator is not available and likewise breast milk. We then need to rely upon other means to

save the life of the infant. No matter how much premature or how small the infant is, an effort should be made to save the life.

The four cases that we were successful in nursing, lately, were all born in a hospital that does not have an incubator, but we improvise one whenever it is needed.

The incubator is made by lining one of our small nursery cribs with a double blanket, pinning each side so as to make pockets to hold the water bottles, four on each side of the bed. (We use the

aluminum army canteens for heaters because they hold heat longer and the size is more convenient.) The bed is then covered with another blanket with just sufficient opening on the top to allow ventilation and to care for the baby properly. A thermometer is always kept in the bed to assure proper regulation of the heat.

The baby is wrapped in a premature dress that is made from cotton and gauze. Two layers of gauze and one layer of cotton, cut square, large enough to wrap the baby comfortably, and an additional small piece is sewed in the middle of one end to serve as a hood, or cap. The baby is not bathed, just oiled every other day, not taken out of bed.

We have had four interesting cases in the last three months that were cared for as above mentioned, with the following feedings.

#### LACTIC ACID MILK DIET

*Case 1*—An infant nine weeks premature, weighed two pounds and eight ounces at birth. We were unable to obtain breast milk for three days. During that period we fed the baby small amounts of warm water for the first twelve hours, then began feeding whole lactic acid milk, one-half ounce every two hours, using a medicine dropper. As the baby showed tolerance for the feeding, we increased it. After three days we were able to obtain breast milk. Contrary to the usual custom, we added  $\frac{1}{4}$  teaspoonful each of Dryco and Karo corn syrup to each ounce of breast milk. The baby was not weighed until it was two weeks of age, when it had gained four ounces. At four weeks, the baby weighed three pounds. At this time it was impossible to continue the breast milk and the baby was again put on the lactic acid milk. It is now ten weeks old and weighs eight pounds.

*Case 2*—The baby was eight weeks premature and weighed 3 pounds; the nursing care was the same as the above mentioned case.

The baby did not have any breast milk; it was started soon after birth on the lactic acid milk, a feeding every two hours, gradually increased according to its tolerance. This baby left the hospital when eight weeks old, weighing 5 pounds and 12 ounces.

*Case 3*—Twin babies, eight weeks premature. The nursing care the same as the other cases. These babies were fed, every other feeding, with lactic acid milk, the alternating feeding being breast milk. One weighed 4 pounds at birth and the other weighed 3 pounds and 8 ounces. These babies were normal and left the hospital at the end of four weeks, each having gained 4 ounces over the birth weight.

*Case 4*—The baby was eight weeks premature and weighed 2 pounds and 8 ounces. The routine care is given this baby, the baby is being fed part breast milk and the remainder lactic acid milk. This baby is now ten days old and we are hoping it will do as well as the others.

We have used this same formula for many older babies with the same success.

The Lactic Acid Milk Formula was explained in the February edition of the *Journal*.

#### IVY POISONING

Considerable care should be exercised to avoid ivy poisoning. Plants should be eradicated by persistent cutting, though they are hydra-like to a marked degree. In the woods and fields, in handling fire-wood, and while among animals which may have come in contact with ivy plants, the hands should be kept away from the face, and, as far as possible, from other parts of the body where the skin is thin and especially sensitive. A thorough scrubbing with an abundant lather of even the most common soap is an admirable "safety-first" measure and a most desirable precaution to take as soon after a hike as opportunity offers.

If the poisoning has actually set in, bathing the tormented parts with sugar of lead, lead acetate, in water, or better, alcohol will bring relief and effect an ultimate cure. Since sugar of lead is poisonous, the solution should be used externally only, and kept out of reach of children. This substance forms an insoluble dust derivative with the poison and gradually lends off harmlessly.—From the Connecticut *Health Bulletin*.

## PREPARATION AND USE OF ACIDOPHILOUS MILK

BY GRACE ROYER, R.N.

FOR MANY years, much time, thought and effort have been spent in securing a method by which the most commonly used artificial food for the infant—cow's milk—may be prepared so as to be readily digested and absorbed by him whether he is sick or whether he is in a perfectly normal condition.

Any one conversant with the relative properties of cow's and of mother's milk knows that the curds of cow's milk are much larger than those of mother's milk, and that when the former is used as a food for the infant it becomes necessary to obtain a method by which the curds may be reduced in size so as to enable them to come in more intimate contact with the digestive juices. To accomplish this, boiling is the simplest method in use today. The vitamins destroyed by this process are readily replaced by the administration of orange juice, egg yolk, etc. A second point which must be borne in mind is the large amount of "buffer" substances present in cow's milk. Because of this, where dilution of the cow's milk is undesirable, it becomes necessary when preparing it to be used as a food for the infant, to use some means to increase the acidity of the cow's milk in order that not more than the normal amount of hydrochloric acid in the gastric juice may be required for its digestion by the infant.

For the past few years one of the methods used to supply this additional acidity has been through the process of growing in the cow's milk the bacillus

acidophilus. The bacillus acidophilus is an inhabitant of the normal intestinal tract, particularly in infants, and tends to supplant therein injurious bacteria especially those of the putrefactive type. In the preparation of acidophilous milk the most exact technic must be employed in order that the spore-bearing bacilli may be entirely eliminated, in order that the milk may not be reduced in quantity in the process, and in order that the caramelization may be kept at the minimum.

In the milk laboratory of The Children's Hospital of Philadelphia, the following method is used in the preparation of acidophilous milk:

1. The desired quantity of a good grade of cow's milk is placed in a glass flask (preferably Pyrex) or in any container that can be kept absolutely sterile. A square of muslin is tied over the mouth of the flask, or a gauze stopper may be used, to prevent contamination.

2. The flask containing the milk is then placed on an asbestos mat over a gas flame and the contents allowed to come to the boiling point. The flask is then removed from the stove, placed in the autoclave and subjected to fifteen pounds steam pressure for fifteen minutes. Heating over the flame before autoclaving may be omitted. If so, the milk must be autoclaved for at least forty-five minutes in order to kill the spore-producing bacilli present in the milk in the center of the flask. It is necessary to remember that over-exposure to heat, either in degree or in time, will produce an increased amount of caramelization possibly altering the milk sugar to some extent thereby.

If the preparation is to be used by an adult, the over-caramelization may detract from its appearance or the taste may be objectionable in some instances.

aluminum army canteens for heaters because they hold heat longer and the size is more convenient.) The bed is then covered with another blanket with just sufficient opening on the top to allow ventilation and to care for the baby properly. A thermometer is always kept in the bed to assure proper regulation of the heat.

The baby is wrapped in a premature dress that is made from cotton and gauze. Two layers of gauze and one layer of cotton, cut square, large enough to wrap the baby comfortably, and an additional small piece is sewed in the middle of one end to serve as a hood, or cap. The baby is not bathed, just oiled every other day, not taken out of bed.

We have had four interesting cases in the last three months that were cared for as above mentioned, with the following feedings.

#### LACTIC ACID MILK DIET

*Case 1*—An infant nine weeks premature, weighed two pounds and eight ounces at birth. We were unable to obtain breast milk for three days. During that period we fed the baby small amounts of warm water for the first twelve hours, then began feeding whole lactic acid milk, one-half ounce every two hours, using a medicine dropper. As the baby showed tolerance for the feeding, we increased it. After three days we were able to obtain breast milk. Contrary to the usual custom, we added  $\frac{1}{4}$  teaspoonful each of Dryco and Karo corn syrup to each ounce of breast milk. The baby was not weighed until it was two weeks of age, when it had gained four ounces. At four weeks, the baby weighed three pounds. At this time it was impossible to continue the breast milk and the baby was again put on the lactic acid milk. It is now ten weeks old and weighs eight pounds.

*Case 2*—The baby was eight weeks premature and weighed 3 pounds; the nursing care was the same as the above mentioned case.

The baby did not have any breast milk; it was started soon after birth on the lactic acid milk, a feeding every two hours, gradually increased according to its tolerance. This baby left the hospital when eight weeks old, weighing 5 pounds and 12 ounces.

*Case 3*—Twin babies, eight weeks premature. The nursing care the same as the other cases. These babies were fed, every other feeding, with lactic acid milk, the alternating feeding being breast milk. One weighed 4 pounds at birth and the other weighed 3 pounds and 8 ounces. These babies were normal and left the hospital at the end of four weeks, each having gained 4 ounces over the birth weight.

*Case 4*—The baby was eight weeks premature and weighed 2 pounds and 8 ounces. The routine care is given this baby, the baby is being fed part breast milk and the remainder lactic acid milk. This baby is now ten days old and we are hoping it will do as well as the others.

We have used this same formula for many older babies with the same success.

The Lactic Acid Milk Formula was explained in the February edition of the *Journal*.

#### IVY POISONING

Considerable care should be exercised to avoid ivy poisoning. Plants should be eradicated by persistent cutting, though they are hydra-like to a marked degree. In the woods and fields, in handling fire-wood, and while among animals which may have come in contact with ivy plants, the hands should be kept away from the face, and, as far as possible, from other parts of the body where the skin is thin and especially sensitive. A thorough scrubbing with an abundant lather of even the most common soap is an admirable "safety-first" measure and a most desirable precaution to take as soon after a hike as opportunity offers.

If the poisoning has actually set in, bathing the tormented parts with sugar of lead, lead acetate, in water, or better, alcohol will bring relief and effect an ultimate cure. Since sugar of lead is poisonous, the solution should be used externally only, and kept out of reach of children. This substance forms an insoluble lead derivative with the poison and gradually dusts off harmlessly.—From the Connecticut *Health Bulletin*.



## PREPARATION AND USE OF ACIDOPHILOUS MILK

BY GRACE ROYER, R.N.

FOR MANY years, much time, thought and effort have been spent in securing a method by which the most commonly used artificial food for the infant—cow's milk—may be prepared so as to be readily digested and absorbed by him whether he is sick or whether he is in a perfectly normal condition.

Any one conversant with the relative properties of cow's and of mother's milk knows that the curds of cow's milk are much larger than those of mother's milk, and that when the former is used as a food for the infant it becomes necessary to obtain a method by which the curds may be reduced in size so as to enable them to come in more intimate contact with the digestive juices. To accomplish this, boiling is the simplest method in use today. The vitamins destroyed by this process are readily replaced by the administration of orange juice, egg yolk, etc. A second point which must be borne in mind is the large amount of "buffer" substances present in cow's milk. Because of this, where dilution of the cow's milk is undesirable, it becomes necessary when preparing it to be used as a food for the infant, to use some means to increase the acidity of the cow's milk in order that not more than the normal amount of hydrochloric acid in the gastric juice may be required for its digestion by the infant.

For the past few years one of the methods used to supply this additional acidity has been through the process of growing in the cow's milk the bacillus

acidophilus. The bacillus acidophilus is an inhabitant of the normal intestinal tract, particularly in infants, and tends to supplant therein injurious bacteria especially those of the putrefactive type. In the preparation of acidophilous milk the most exact technic must be employed in order that the spore-bearing bacilli may be entirely eliminated, in order that the milk may not be reduced in quantity in the process, and in order that the caramelization may be kept at the minimum.

In the milk laboratory of The Children's Hospital of Philadelphia, the following method is used in the preparation of acidophilous milk:

1. The desired quantity of a good grade of cow's milk is placed in a glass flask (preferably Pyrex) or in any container that can be kept absolutely sterile. A square of muslin is tied over the mouth of the flask, or a gauze stopper may be used, to prevent contamination.

2. The flask containing the milk is then placed on an asbestos mat over a gas flame and the contents allowed to come to the boiling point. The flask is then removed from the stove, placed in the autoclave and subjected to fifteen pounds steam pressure for fifteen minutes. Heating over the flame before autoclaving may be omitted. If so, the milk must be autoclaved for at least forty-five minutes in order to kill the spore-producing bacilli present in the milk in the center of the flask. It is necessary to remember that over-exposure to heat, either in degree or in time, will produce an increased amount of caramelization possibly altering the milk sugar to some extent thereby.

If the preparation is to be used by an adult, the over-caramelization may detract from its appearance or the taste may be objectionable in some instances.

The first method, followed accurately, produces a rich cream colored slightly thickened liquid.

3. After the steam has been turned off, the temperature must be reduced slowly by allowing the steam within the chamber to condense rather than to escape. The reason for this is the fact that if the steam escapes rapidly the pressure around the flask decreases more quickly than the pressure within the flask, and the unequal pressure will cause the stopper to be blown from the mouth of the flask together with some of the contents.

4. After removing the flask from the autoclave the milk is cooled to about 38 degrees Centigrade by placing the flask in cold water, or it may be left to cool gradually. The temperature may be judged by putting both hands around the flask, or a sterilized thermometer may be used to test the temperature. However, this degree of accuracy is not really necessary since the bacillus acidophilus grows readily in a temperature ranging from 35 degrees to 45 degrees Centigrade. When the flask feels lukewarm the contents are ready for seeding. This is accomplished by adding 50 c.c. of the bacillus acidophilus culture to each quart of milk used. The culture is obtained from the bacteriological laboratory.

5. The flask is now ready to be placed in the incubator the temperature of which should be kept between 38 degrees and 40 degrees Centigrade for from twenty to thirty-six hours, or until the flask contents are set to the consistency of junket. A small whey line usually forms near the top. If the temperature of the incubator is permitted to rise above 40 degrees Centigrade, the whey line may increase to an inch or more in depth. Then the preparation is probably "over set," and it may be impossible to produce the smooth creamy liquid at the end of the process.

If the flask contents have a sour odor and form a spongelike mass rising to the top of the flask, contamination has taken place at some stage of the process, hence the necessity for the greatest degree of accuracy.

When the milk is properly set, the flask should be removed from the incubator and placed immediately in the refrigerator until

cold, in order to inhibit the further growth of the organisms.

8. The next step is to empty the contents of the flask into a sterilized container in order that they may be beaten thoroughly with a sterile wire egg beater until smooth and creamy.

7. The acidophilous milk is now ready for use; and for easy handling and for preservation should be poured into sterile quart bottles and kept in the refrigerator. The milk will retain practically all of its viable organisms for a period of from seven to ten days if kept at a temperature of about 5 or 6 degrees Centigrade.

Acidophilous milk has been used successfully in instances where there has been marked tympanites complicating typhoid fever, pneumonia, intestinal indigestion and to some extent constipation.

The following illustrations are given to demonstrate the successful use of the preparation in the Children's Hospital:

1. Marie, age 3 years.

Diagnosis: Typhoid fever in addition to diabetes mellitus.

Diet: Diabetic diet including whole sweet milk, later changed to acidophilous milk.

While the child was taking the sweet milk there was a marked distention of the abdomen, but after taking the acidophilous milk for several days, the distention disappeared. Later the patient grew tired of the acidophilous milk and she was permitted to have sweet milk. As a result the distention recurred. She was again induced to take the acidophilous milk when the distension promptly disappeared.

2. William, aged 10 months.

Diagnosis: Pneumonia.

Diet: Whole acidophilous milk, 42 ounces; cane sugar, 1¾ ounces; six feedings, of 7 ounces each, in 24 hours.

The patient was admitted to the hospital with abdominal distention. Within twenty-four hours the abdomen became softer and by the end of forty-eight hours the distention had almost entirely disappeared. William also showed a decided gain in weight. On

admission his weight was thirteen pounds and fifteen ounces and on discharge, seven weeks later, his weight had increased to sixteen pounds and seven ounces.

3. Russell, age 3 months.

Diagnosis: Intestinal indigestion with auto-intoxication and dehydration.

Diet: Acidophilous milk, six ounces at four-hour intervals.

This patient on admission weighed eight pounds and four ounces. At the end of three weeks his weight was nine pounds and ten ounces. In anticipation of his discharge from the hospital his formula was changed to a whole milk mixture when his weight promptly dropped. Acidophilous milk was again prescribed and upon discharge a week later he weighed ten pounds and one ounce.

Acidophilous milk may be prescribed for adults also with excellent results. A member of the Children's Hospital

staff sent an adult patient to the milk laboratory to obtain a supply of the preparation. The patient's diagnosis was possible gastric ulcer with chronic constipation. A glass of acidophilous milk was to be taken with each meal. After using the milk as prescribed over a period of one month, the patient reported the disappearance of the symptoms of which he had been complaining.

The outstanding objection to the use of acidophilous milk is the fact that it cannot be prepared in the ordinary home owing to the lack of facilities for proper sterilization. However, in large cities it may be obtained from almost any commercial laboratory.

## THE ROTHROCK MATERNITY BED

By MARY E. KAVEL, R.N.

**I**N THIS age of labor saving devices any piece of equipment which makes lighter the work of the nurse is hailed with delight.

A conspicuous example of such equipment is a maternity bed designed by Dr. J. L. Rothrock, Chief of the Obstetrical Department, of the Charles T. Miller Hospital, Saint Paul, especially for the hospital, in 1922. This bed has now been in use for over two years, and more than one thousand women have been delivered on it, so that there has been ample opportunity to observe its merits as compared with other maternity beds in general use.

The dimensions of the bed are as follows: Length, 72 inches; width, 28 inches; height from floor to top of cushion, 35 inches. The design is new and original and embodies several fea-

tures not heretofore employed in any operating table.

For example, the bed is in two sections, the upper 40 inches in length and the lower 30 inches. The lower section is supported by a rigid frame which rests on two uprights which may be lowered or raised by a worm gear, operated by a hand wheel placed underneath the bed. The upper section is fitted inside the frame of the bed and rests on rollers with ball bearings. It is thus possible with the lower section lowered to roll the upper section down over the top of the lower section to the foot of the bed. This manipulation is accomplished by means of a cog gear, by simply turning the crank at the side of the frame. This mechanism permits the quick change of the position of the patient from the horizontal, or position for normal

delivery, to that usually employed for instrumental delivery, with a minimum amount of effort on the part of the nurses, of discomfort to the patient and in the shortest possible time.

The head of the bed may be lowered or raised by another worm gear operated by a crank on the right hand side, near the head of the bed, attached to the base frame. The mechanism permits the elevating of the head when making preparation of the patient, or of lowering the head of the patient in case of hemorrhage or collapse.

The bed may be used in the horizontal position, as any other bed, in the first stage of labor, or should it be desired to deliver in that position.

The position for normal delivery recommended by the designer, is with the lower section lowered until the top of the lower section is at about the level of the lower edge of the frame. To support the feet, foot rests of an original design are provided and are placed in the sockets at the sides of the frame. These are provided with straps which comfortably hold the patient's feet in position. Handles for the patient to pull on are attached to the frame of the upper section, as well as a specially designed arrangement to which the wrists may be strapped, and which are attached to the frame just above the handles.

These have a flexible joint, thereby allowing some range of motion. To keep the patient in position, a special attachment is provided for shoulder crutches. There are sockets at the lower end of the frame for leg-holders for instrumental deliveries. The casters at the lower end of the bed are provided

with wheel brakes to make the bed stationary for instrumental deliveries.

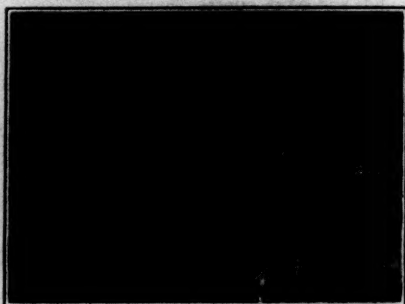


Illustration No. 1 shows the bed ready for the patient to be prepared for normal delivery.

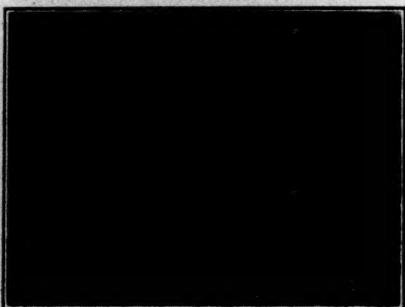


Illustration No. 2. Position in instrumental delivery. The change from position No. 1 to position No. 2 can be made in a few minutes without disturbing the patient or draping, and without an additional piece of linen.

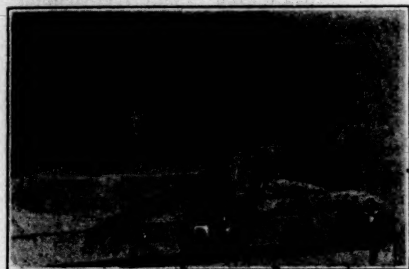
#### ADVANTAGES FROM THE NURSE'S VIEWPOINT

- I. Simplicity of operation.
  - II. Ease of transportation of patient from stretcher to bed.
  - III. Saving of labor as well as time.
  - IV. Maintenance of sterile drapes.
- As explained in the mechanism, the



Rothrock maternity bed is easily operated.

When the patient approaches the end of the second stage of labor, she is taken from her room to the delivery room on a stretcher. The stretcher is of practically the same height as the maternity bed, so with little effort the patient is moved from the stretcher to the bed. We then prepare for a normal delivery.



The patient's feet are placed on the foot rests and are secured with straps, the wrist bands are applied to the attachments above the handles and fastened, the shoulder crutches or braces are adjusted and the lower section of the bed is lowered. The patient has considerable freedom of motion and seldom complains of any discomfort from the bed, even though it may be necessary to be there several hours.

We use a wet preparation which necessitates the patient being on a slight incline. This may be done by turning the handle on the side of the bed which adjusts the frame as desired. To keep the bed dry, a basin is placed under the buttocks to collect the solutions and is removed when the preparation is finished. Immediately after the patient is draped for delivery, a sterile basin is placed in like manner to protect the drapes.

Regardless of the care in giving enemata and attempting to have the bowels thoroughly evacuated before delivery, there usually is some stool expelled at the end of the second stage. This may be collected in small kidney basins which have been sterilized with the instruments for that purpose. Thus, the field of operation is always free from a collection of excretions under the patient. This means a great deal to the accoucheur, especially if there is any repair of the perineum.

In this position a patient can easily be delivered with low forceps, but should a change to stirrups be necessary it can be very quickly made with (1) no discomfort to the patient, (2) no lifting on the part of the nurses, and (3) no change of drapes. Simply raise the riggings, unstrap the feet and raise them up. Then remove the foot rests. Place the stirrups in the attachments at the foot of the frame and by aid of the handle move the upper section of the bed to the foot of the frame. Place the feet in stirrups and drop the leggings. Not more than three people are needed to make the change, and two can do it very nicely if necessary.

The leggings that we use were designed by Doctor Rothrock. They are a modified square legging, somewhat longer and slightly shaped. They fit very much better and cover the patient and the sides of the table well, so that towels are entirely eliminated from the draping.

The only real lifting is in returning the patient to her room.

The Rothrock maternity bed makes the work of the nurse much lighter; therefore, it is a very welcome piece of equipment.

## ROUTINE INSPECTION OF SCHOOLS OF NURSING<sup>1</sup>

BY ALMA H. SCOTT, R.N.

**I**N ATTEMPTING to give a picture of routine inspection of schools of nursing or any other special piece of work, it is well to outline briefly the outstanding needs for the conception of the piece of work; its purpose; the personnel and machinery necessary for its execution; the method of procedure; and the results attained.

Attention to results attained is imperative as these indicate how nearly the piece of work meets the need, how perfectly it fulfills the purpose for which performed. The results form the basis for readjustment, reconstruction and for future growth; they constitute a measure of the efficiency of personnel, machinery and method of procedure and if the results are found to be desirable, they are in themselves the only justification for the continuance of the piece of work in question, by adhering to the same program that has heretofore been followed.

### NEED

The need for routine inspection of schools of nursing is readily found when schools of nursing are inspected. Every social institution needs inspection, routine inspection; inspection from within and from without. It needs to stop frequently and take stock of its assets and liabilities in order to plan for future growth. The need for routine inspection, then, is the need for repeated analysis, evaluation, reorganization and reconstruction.

Outside inspection furnishes a stimulus for inspection from within and it is this stimulus that the schools of nursing need. Again, the schools of nursing need some means of personal contact with, and interpretation to, the board of examiners. The educational director makes this needed contact and interpretation.

Further, *the need for routine inspection of schools of nursing has been demonstrated* by the inadequate professional preparedness of many of the graduate nurses of the past, by exploitation of student nurses due to ignorance of the fundamental requirements for nursing education or to insufficient funds available for maintenance of the schools.

*The need has been emphasized* by the lack of uniformity and desirability in accepted standards for school and hospital organization and for nursing education in the several, widely separated and different types of schools of nursing in any given state.

*The need has been magnified* by the enactment of laws:

1. Laws providing for the accrediting of schools of nursing and establishing minimum requirements for these same schools after being accredited.
2. Laws providing for registration of nurses and outlining minimum requirements for registration.
3. Laws providing for the establishment of state boards of examination and registration of nurses irrespective of the state departments under which these same boards may function.

<sup>1</sup>Read at the thirty-first meeting of the National League of Nursing Education.

The need for routine inspection will increase as the field of service for the graduate nurse increases; as the complexity of the concept school of nursing becomes greater; as science advances and as the newer aims of nursing education crystallize into accepted aims and form the basis for future aims.

#### PURPOSE

The purpose of routine inspection is, first, to insure that the schools are meeting the minimum requirements defined by law and recommended by the board of examiners, but it is infinitely more than this or the work would not be worth the time it takes to do it. It is to help the schools to meet their needs, and further, it is to provide for their growth. This can be accomplished only by analyzing and evaluating the schools and by offering suggestions and recommending changes thought to be helpful to the schools. In order to do this, frequent studies of the school, the hospital and the community must be made.

Edna L. Foley has said that there are three reasons why a nurse goes into district homes: 1. To help the patient and the family. 2. To secure such information as will enable her organization to help this and future patients wisely. 3. To demonstrate by the careful records of work done that the results attained are worth the time, labor and money expended. This outline suggests the reasons for routine inspection of schools of nursing.

The educational director goes to the school *for the purpose of helping the school*, to secure information that will enable the board of examiners and the educational director to help this and other schools and to demonstrate by

observations made and careful records of the work done, that this piece of work was needed and that the results attained are worth the time, energy and expense entailed.

#### PERSONNEL AND MACHINERY

Routine inspection of schools of nursing implies some one to do the piece of work and some authority for, and help in doing it. The educational director may make the inspection, the actual contact, but without a background of law and without the help and advice, the confidence, and coöperation of a competent and conscientious board of examiners, the piece of work is of little value. Team work of all concerned is a necessity if a friendly spirit of helpfulness between the board and the schools is to be established and maintained and an effective piece of work accomplished.

#### EDUCATIONAL DIRECTOR

What are the requirements so far as the personal qualifications of an educational director are concerned?

First of all, good health. Traveling and intimate contact with all types of people under trying conditions, at any hour of the day, make the demand for good physical condition imperative.

The educational director should be a graduate registered nurse with additional education such as college or university work. Experience as an administrator or instructor in schools of nursing or as a private duty nurse is most valuable. Knowledge of the principles of psychology and sociology are essential, and an understanding of and appreciation for public health and public health nursing are most necessary.

Technical knowledge and skill are,

however, of little avail unless combined with a keen desire to be of service, an infinite amount of patience, tact, the gift of sympathetic understanding and an appreciation for the value of detail.

You ask, "Where may such a person be found?" and I answer frankly, "I do not know," but during any one inspection of any given school of nursing the educational director will feel the need of every one of these qualifications, and others, in a greater or less degree—many, many times over.

Bode, in his book *Fundamentals of Education*, tells us that "the usual procedure in most of our human affairs is to do the thing that needs to be done and afterward to construct a theory in order to explain just what was done and why it was done." Routine inspection of schools of nursing offers no exception to this sequence of events so far in the State of Indiana, as in this instance the piece of work preceded any attempt to justify its existence by explanation either of its entity or of its need.

Sketched briefly, the history of the routine inspection of schools of nursing in Indiana reads as follows:

From 1905, the date of the creation of the Indiana State Board of Examination and Registration of Nurses, to 1922, the inspection of schools of nursing was made by the Secretary of the Board of Examiners. This was found to be helpful, but not satisfactory. The state budget did not provide for a clerk for the Board and not enough time could be given to the schools by the above named Secretary to do a finished or effective piece of work.

Following this, an Educational Director, Mary E. Gladwin, was appointed by the Board of Examiners to serve during the year 1922. Miss Gladwin made a valuable survey of each school of nursing in the state, offered suggestions, and made recommendations for changes in these schools where deemed advis-

able. This survey has resulted in a marked improvement in conditions in the schools and has been a valuable source of information for the present Educational Director.

In January, 1924, an Educational Director for the Board of Examination and Registration of Nurses was appointed. This Educational Director was employed jointly by the Indiana State Nurses' Association to act as Executive Secretary for this last named organization. This plan is in effect to date.

Just a word, in reference to the desirability of having one person inspect all the schools of nursing in any given state, provided the distance and number of schools in that state do not make this arrangement impracticable. Inspection of all the schools by one person makes for uniformity in methods and standards; it gives a fairer basis for the comparative evaluation of the different schools; it is conducive to a unity of spirit and endeavor among the schools; and results in a broader vision of the possibilities for nursing education for all the schools within the state.

How frequently are Schools of Nursing to be inspected? How much time is to be devoted to each inspection? No definite answer can be given to either of these questions. The frequency of inspection depends upon the number of persons making the inspections and the number of schools to be inspected. It also depends on distance to be covered in reaching the schools and conditions obtaining in each school faculty; requests for inspection on the part of the school may require additional visits of inspection. The minimum number of visits, however, should be one visit during each school year.

The minimum amount of time to be devoted to the initial inspection of any school may safely be estimated as three



days, subsequent visits, as a rule, require less time, but this will be governed also by factors, such as—the method employed by the person making the inspection, conditions found in the school when the inspection is made, and the request from the school for additional time.

In discussing the method of procedure for the inspection of schools of nursing, no distinction is being made between university schools and schools not thus qualified. University schools, by virtue of their relation to a purely educational institution, constitute the laboratories in which specialists in nursing education are solving many problems for schools less fortunately provided for, so far as physical, clinical and educational facilities are concerned. Careful inspection of university schools may therefore furnish the educational director with valuable suggestions for other schools.

#### METHOD OF PROCEDURE

A knowledge on the part of the educational director of the state laws governing accredited schools of nursing and the minimum requirements of schools of nursing is necessary before the schools are visited.

The files in the office of the Board of Examiners are inspected for the purpose of learning the content of all the correspondence that has been held in the past, relative to the school of nursing to be visited. A careful study and brief outline of any previous survey of the school is made and particular attention is given to previous criticisms and recommendations.

The superintendent of the school is then notified by letter of the intended visit of the educational director. This

notification precedes the visit by at least two weeks. This gives the superintendent an opportunity to arrange for time to be spent with the educational director during the visit of inspection. A telephone call is made before a school is entered, to advise the superintendent of nurses of the arrival of the educational director. In nearly every instance the educational director is requested to remain in the hospital or nurses' home while making the inspection. This is a desirable arrangement, as time and energy are conserved. Before the school is entered, no definite plan for continuation of the inspection can be stated.

Each school of nursing differs from every other, just as each individual differs from every other, so the educational director inspects each school by first getting in touch with the personality of the school and with this as a guide, plans a tentative outline of procedure.

At the time the inspection is made, all departments of the school and hospital are inspected. The department not visited is usually the one that needs inspection and conclusions derived from the unfinished inspection may be erroneous when viewed in the light of knowledge to be gained in the one that has been neglected.

A careful study is made of the outline of procedure and nursing technic for each department of the hospital, and changes deemed helpful or necessary are advised. The equipment and supplies provided in each department are then considered in reference to the original outline. They are also considered in reference to the size of the department, including number and types of patients cared for and kind of

nursing service given and in reference to the amount of graduate supervision and number of student nurses on duty in the department. One thing must be borne in mind, however, that inspection of equipment as hospital furniture is almost useless; it is the observation of amount and kind of equipment, of the arrangement of equipment, of the care taken of equipment, and of the actual use made of equipment, followed by close attention to the place that equipment occupies as a factor in teaching and demonstrating nursing procedure, and as a means for improvising in nursing practice, that is invaluable.

#### DIVISION OF TIME FOR INSPECTION

The forenoon may be spent to advantage on the wards of the hospital and in the operating room, maternity department, diet kitchen and dispensary.

The afternoon may be given to clerical work, conferences with members of the school faculty, tours of inspection of the hospital and nurses' home, observation of class and demonstration rooms and laboratories, and to study of the records for students.

Briefly outlined, the form employed for survey of accredited schools of nursing in Indiana is as follows:

#### I. ORGANIZATION AND GENERAL INFORMATION

Information is secured relative to:

##### A. The Hospital

Name; address; date of incorporation of the school and hospital. Type: Sectarian? Privately owned? Commercial? Non-Sectarian? Municipal? Charitable? Is the school a department of the hospital? University or medical school?

##### B. Governing Board or Training School Committee.

What is the exact title? Does the superintendent of nurses have an opportunity to attend:

Meetings of the school committee?

Meetings of the hospital board or committee?

How often are these meetings held?

##### C. The School of Nursing.

(a) Maintenance of School: How is the school maintained? Is it endowed? Do students pay tuition? How much? Do they pay for breakage? Are any other fees paid by students? What allowances are made to students? First year? Second year? Third year.

##### (b) Clinical Facilities:

Type of hospital? Number of beds in hospital? Daily average of patients? Daily average of admissions? Services available for training and number of beds for each service?

What electives are offered?

Third year of training includes which services?

Number of patients admitted the previous year divided as to:

Medical men, women; surgical men, women; children; obstetrical.

Length of time student spent in operating room; diet kitchen; laboratory; pharmacy; dressing room.

Study of the experience offered to students in these departments and rooms. Length of time student is in training before administering medicine.

##### (c) Faculty of School

A list of all members of school faculty is made and the following information relative to each member secured: Is each member registered in the state? Title? Date of assuming present position? Graduate of what school? Does she teach? What subject or subjects? Is a graduate dietitian included?

A list of the names of instructors and lecturers other than the actual faculty is secured and the following is noted: Subject taught? Salary received?

Are staff conferences held? Between whom? How often? Have these meetings been helpful? If so, in what way?

#### II. ADMINISTRATION

##### A. Enrollment

Number of students enrolled? Number of affiliates?

Total number of graduates employed?

Ratio of students to graduates: Day? Night?

Ration of students to patients: Day?  
Night?

Number of students in last class entered?  
How does this number compare with one  
year ago? Two years ago? Three years  
ago?

#### B. Requirements for Admission

Minimum age and educational qualifications  
for students? A list of the names of the  
students enrolled in the school is made and  
their age and educational qualifications noted.

Is the student required to sign a contract  
with the school? How binding is this?

Are students from other accredited schools  
given credit for time, or is any other arrange-  
ment made by allowing credit or adjusting  
work for previous work of students, such as  
college course?

Date of beginning of school year? When  
are classes admitted? Length of course?  
Length of preliminary period?

List is made of hours of duty for student  
nurses, including day and night duty in all  
departments.

Are operating room and maternity room  
students on call at night? If so, are these  
students relieved from duty the following  
day?

How many students are assigned to night  
duty? First year students? Second year  
students? Third year students?

How are services divided at night?

How much time does each student spend in  
administrative work, such as that of head  
nurse? Night supervisor?

### III. TEACHING PROGRAM

A copy of the teaching program of instruc-  
tors is secured.

#### A. Schedule of Theoretical Work

Copy of schedule of theoretical work is  
secured. This schedule is to include:

- (a) Subjects taught; text used for each.
- (b) Number of periods in each subject in  
first, second and third year.
- (c) Method—lecture, demonstration or lab-  
oratory. (Length of period of each is noted).
- (d) Copy of theoretical instruction for affi-  
liates is secured, outlined same as for other  
students.
- (e) Do affiliates enter at stated time?
- (f) A study of the affiliations is made.

#### B. Teaching Fundamental Sciences

A subject is selected, a study is then made  
of the class room instruction for this subject.

Laboratory work for this same subject.  
How are directions for laboratory work given?  
Number of assistants in the laboratory? Do  
students perform the experiments or are they  
demonstrated by the instructor only? Are  
notes written on laboratory work? Are these  
corrected and graded?

(The laboratory is visited and equipment  
observed).

Is the space adequate for the number of  
students? Is the room properly ventilated?  
Is lighting sufficient for microscopic work?  
Daylight? Artificial light?

Is equipment well kept? Is storage suffi-  
cient for supplies?

Water? Gas? Sinks? Blackboards?  
Stools or seats?

(This same outline is followed with minor  
changes in making a study of the method of  
instruction for dietetics).

Diet laboratory, milk room and diet kitchen  
are inspected. Points noted are: Does the  
course give basic principles of nutrition, and  
dietary treatment of disease?

Is there correlation of class room instruction  
and diet kitchen service and does this follow  
experience with actual disease and instruction  
relating to it? Is there correlation with ward  
cases?

(Observe students working in the diet kit-  
chen, diet laboratory and milk room. Observe  
serving of trays for patients).

Who serves the trays and carries the trays?  
Is this work carefully supervised?

#### C. Other Methods of Instruction

(Class is attended). The outline of report  
for this observation includes:

(a) Course, Class, Instructor, Subject of  
day's lesson. Method: lecture, recitation, quiz,  
discussion and demonstration.

(b) Presentation:

Has instructor a lesson plan? What is aim  
of the lesson? Is the aim achieved? Teacher  
activity? Pupil activity? Questions: Rapid-  
ity? Are they thought provoking? Are they  
text-book questions mainly? Is the use of re-  
ference books encouraged? Answers: Are they  
well and fully expressed? Do students rise?



*D. Teaching Practice of Nursing.*

Observation of nursing practice may be interpreted to include the following:

Ascertainment of the usual number of students in each class.

What basis for this subject have the students had, such as—Anatomy and Physiology, Chemistry or Bacteriology.

Number of hours nursing practice is taught  
(a) Hours, lecture, recitation. (b) Hours, demonstration.

What text is used, what assignments made, what reference material is available?

Are notes taken by students and are notebooks inspected, corrected and graded?

(A study is then made of the outline of the course and lesson plans for teaching each lesson). Do these indicate that the instructor has knowledge of and appreciation for the laws of habituation?

Are positive health, prevention of disease and educational possibilities of the nurse given a prominent place on the teaching program?

Are the students furnished with an outline of procedure and technic? Is a copy of this same outline on the wards?

Does the theory studied in the text and taught in the class room correspond with that used in the hospital?

Instructor: Personal qualifications such as education, preparation, experience, personality, and apparent ability? What other subjects does she teach, if any?

Demonstration room: Size, location, ventilation, number of windows, artificial light, gas stove, running water, skeleton, number of desks, blackboard, number of beds, cribs, screens for beds, number and kinds of dolls, large and small, number of bedside tables and chairs. Observe cupboard space and equipment, kind and amount of same, such as linen, drugs, rubber goods, enamel ware, glassware and other necessary supplies. (Is this sufficient for practice by individual student and is the same equipment provided on the wards of the hospital?)

To what extent are students used as subjects for demonstration? To what extent are patients used?

Is there demonstration by the teacher?

Is there demonstration back by the student?

Is there supervised practice in the class room, followed by an opportunity for prompt

application under competent supervision, of this same class room teaching, on the wards?

What method is used in recording the procedures thus demonstrated and practised, for each student?

What opportunity for follow-up on the ward is given the instructor in nursing practice?

Is there coöperation of teaching staff and supervisory staff in the school?

Observation on the wards:

(1) Character and amount of supervision on the wards.

(2) Observation of preliminary, first, second and third year students working on the wards.

(3) Note correlation of theory and practice. Note assignment of patients and duties to these students.

(4) Study of technic of individual student. Length of time in school; type of procedure or treatment given; list of articles used; were all articles at hand at beginning of treatment?

(5) Was patient exposed unnecessarily?

(6) How long did it take to complete the treatment?

(7) Did student work intelligently, skillfully, neatly, with due consideration for the patient?

(8) Remarks.

(The educational director may accompany the students to the utility rooms, linen closets, supply and medicine cupboards, to observe the assembling of equipment and the care of this same equipment after the procedure is finished. This furnishes an excellent opportunity to observe and to estimate the adequacy of the equipment in these rooms and cupboard, and to ascertain whether service is being given by students that might equally well be done by paid workers).

Observation also may be made of the charting of these same procedures by the student nurses on the patients' bedside records.

Observe: Medicine lists, diet lists, treatment lists. Where are these lists posted? Are they up to date? Who copies lists?

Observe night order books, night and day report books, method of receiving physicians' orders: On charts? On order books? Medicine orders, non-medicine orders: Are verbal orders received? By whom? Are written orders signed? By whom?



What reference material such as outline of procedure and technic? Medical dictionary available for use of students on ward?

*E. Records: Grading of Student Nurses.*

(Valuable information may be secured by careful inspection of the records for student nurses. An accurate list of names of student nurses enrolled in the school should be secured).

Is there a certificate for each student signed by the Secretary of the Board of Examiners granting permission for entrance into training? (The Clerk of the Board passes upon the age and educational qualifications of each person making application for entrance into training in Indiana and if these qualifications meet the minimum requirements of the state law a certificate stating this fact is forwarded to the school. This is to insure that no student is accepted into training who cannot meet the minimum age and educational qualifications).

Inspect all class books.

Points to be noted: Date started, how filed for future reference; form of page for class book and is all necessary information recorded?

Is the school divided into classes?

Are subjects required by the state being taught the required number of hours and who teaches these subjects?

What other subjects are taught?

Hours and instructors for same?

Make a study of service record books, note: Day duty? Night duty? (Length of period and frequency of same). Days of illness, absence and vacation. Has any time been spent in training by student for which no account is given? Days of special nursing of private patients and time during training this service is given. Days of affiliation. Division and sequence of services.

Inspect all individual records for students. Where are these kept? Are blanks recommended by the Board in use? Are records up to date? Check several of these over with class record books and service record books to determine accuracy in recording theoretical and practical work on these records. Are case records, efficiency records and records of nursing practice being kept for student nurses?

Is a health record kept for students? Weight chart? How often during training do students have a physical examination? Does this include a dental examination? Is there a record of smallpox vaccination? Schick? Dick testing? Administration of typhoid vaccine? Toxin-anti-toxin?

IV. LIVING CONDITIONS

*A. Nurses' Home*

(a) Is the nurses' home separate from the hospital? If not, where located? The size of the home is considered in reference to the number of persons, students and graduate nurses, living in it. The location in reference to the hospital. The atmosphere in the home. The housekeeping, heating, ventilation and general upkeep. Are fire escapes accessible to all students? Do students have single or double rooms? Single or double beds? Are students living in dormitories? Number of students and floor and window space in each dormitory?

Is each student provided with: a light, a study table, a straight chair, a rocker, a dresser, good mattress, spring and bedding, adequate closet space?

Do students care for their own rooms?

Are bathing and toilet facilities adequate?

What arrangements are made to insure quiet for students on night duty?

What supervision is given the students in the home?

What recreational opportunities are offered? Is there a social director? A house mother?

Is there a yard or campus or are students obliged to go out on the streets to be out of doors?

(b) Dining room:

Note cleanliness and order; quality and sufficiency of: food, service and appointments. What provision is made for students on night duty?

(c) Library:

Number of books; reference, professional, general. Number of magazines; professional and popular. Are books always accessible to students? If not, when are they accessible?

Are the following rooms provided for students? Reception room? Sewing room? Recreation room? Kitchenette? Study? Laundry?

## V. TYPE OF STUDENT

Excellent, good, fair, poor. Education and general intelligence. Age, health, general appearance. Is there a student government association? Are there clubs or other student organizations? Inquire concerning alumnae association and the relation of this organization to the school.

## HELPFUL MEETINGS

Meetings held with members of the staff of the hospital, nursing school committees and other persons interested in the school have demonstrated the need for these meetings. The coöperation of these groups is essential to the welfare of the school, their lack of coöperation in the past has been due, no doubt, to the fact that the members of these groups have been given so little consideration and information, and hence have had so incomplete an understanding of the fundamentals, aims and objectives of nursing education. When informed as to just what is required for the maintenance of accredited schools of nursing, just what we are trying to accomplish, and how badly their help is needed in solving these problems, they become interested and willing consultants and co-workers instead of indifferent and, in many instances, menacing bystanders. May the following incident be cited to illustrate this point?

When the second survey of one of the smaller schools of nursing in the state of Indiana was made, it was discovered that the instructor in nursing practice was teaching too great a number of subjects, subjects that could be taken over by members of the medical staff. A close study of class records disclosed the fact that very few of these men were teaching in the school and those that were teaching could not be depended upon to attend and teach classes regularly. In fact, an outline for each subject, of classes taught and those missed, covering a period of two years,

made by the educational director, indicated that less than half the classes had been taught as scheduled. A request to meet with the members of the hospital staff at the next meeting was made and was granted. The educational director found an interesting and intelligent group of men. Copies of the minimum requirements for schools of nursing were distributed and the Standard Curriculum was displayed. A short talk covering the purpose and activities of the Board of Examination and Registration of Nurses was given and the work of the educational director, briefly outlined. The needs of the school were then stated and the copy of class hours as summarized from the class books was read. A more surprised group could scarcely be imagined. They indicated by close attention, by many interruptions and pertinent questions, that their interest was aroused and coöperation assured. The meeting closed with the request that the educational director "return in six months and see what we have done and how we have helped." The result of this meeting has been all that could be desired, as time has demonstrated.

PRACTICAL EXPERIENCE IN PUBLIC  
HEALTH AND SOCIAL SERVICE

After the hospital and school have been surveyed, it is well to survey the local public health nursing association or social service organization for the purpose of learning whether desirable practical experience for students may be arranged. They often offer means of theoretical instruction for students, even if services are not available for field work. If a course of instruction and field work has been arranged previous to the visit of the Educational Director, it is well to spend some time with the student nurses working in the field and to discuss the course of instruction they are receiving, with the supervisors, educational directors, or social service workers.

Observation is to be made also, of the

experience records that are kept by the students, and the outline of the report of their work that is submitted to the superintendent of the school, when the course is completed.

At this time, the educational director offers suggestions and makes recommendations thought to be necessary or helpful to the school.

When the inspection is completed and the survey written, the educational director meets with the superintendent of the school and discusses the following:

1. Observations requiring an explanation that is not understood by the educational director.
2. Observations indicating desirable conditions.
3. Observations indicating undesirable and unsatisfactory conditions.
4. Observations indicating that affiliation is necessary.
5. Observations indicating that services are available for affiliation for other schools.

After the educational director has returned to the state office, two letters are sent to the superintendent of the school:

The first letter contains a brief summary of the survey. This letter is often helpful in securing changes in the school if presented to the training school committee.

The second letter is written by the secretary of the Board of Examiners, to express appreciation of the board for any courtesies extended to the educational director while making the visit of inspection.

Material to be secured from the school:

Bulletin of the school

Application blanks for students  
Student contract with the school  
Any records or charts thought to be of value

List of available reference material

Copy of class schedule

Material that has been helpful to the educational director and which may be taken with her when inspecting schools of nursing is: a copy of the State Law concerning Examination and Registration of Nurses; a list of states with which Indiana has reciprocity; a copy of the minimum requirements for accredited schools of nursing in the state; copies of blanks recommended by the state board of examiners for individual records for student nurses; outline for recommended pages for class and service record books; a list of university schools of nursing and the addresses of these same schools; copy of Constitution and By-Laws of the National League of Nursing Education and of the American Nurses' Association; list of requirements for membership in the National Organization for Public Health Nursing and the American National Red Cross; also the latest copy of the *American Journal of Nursing* and the *Public Health Nurse*; a list of names and addresses of colleges, normal schools and universities located in the state.<sup>1</sup>

A copy of The Standard Curriculum for Schools of Nursing prepared by the Committee on Education of the National League of Nursing Education, the Report of the Committee for the Study of Nursing Education—Nursing and

<sup>1</sup> Bulletins for these schools are helpful as the curriculum in the Accredited Schools of Nursing may be enriched by securing instructors in the above named schools, if conveniently located, to teach fundamental sciences, English, Psychology, Sociology, and other valuable subjects.

Nursing Education in the United States, and the reprint—"Some Principles Underlying Effective Supervision," by Grace Alice Day, are indispensable.

#### RESULTS

We may now consider the results of inspection of schools of nursing in Indiana. Provision for inspection has not been made for a long enough period of time for it to be designated accurately as routine inspection, as this inspection is, after all, a comparatively new piece of work. However, with the two, and in some instances, three inspections that have been made, of the thirty-four accredited schools, marked improvement has resulted.

Better coöperation of the schools with the Board of Examiners exists. This is demonstrated by the promptness and the spirit with which schools comply with the requests made by the Board, by the number of questions arising in the school that are referred to the Board to answer, by the frequent requests from the schools for help from the Board and for visits of the Educational Director.

The second inspection of schools indicates that the first inspection was most helpful. The noted improvements are as follows:

Improvement in living conditions, recreational and social opportunities for student nurses, fewer hours of night duty and marked decrease in number of days special nursing of private patients, additional supervision for students and more careful attention to selection of personnel comprising the school faculty,

a richer theoretical course of instruction, added interest in and better understanding of nursing practice, more accurate and inclusive records for student nurses, provision of better rooms and equipment for teaching and demonstration purposes, employment of greater number of ward helpers, maids and orderlies and more adequate equipment on the wards, more thoughtful planning of sequence of services and better correlation of theory and practice.

These results clearly indicate that inspection has been of value and has met the need for its institution to a comparatively satisfactory degree, for, after all, what is the ultimate aim of inspection of schools of nursing? It is inspection to prepare for the next inspection, for

as soon as the deed is performed the development completed, we have again only something which is finished and as such it can again claim only the value of connection, no longer the special value of development.

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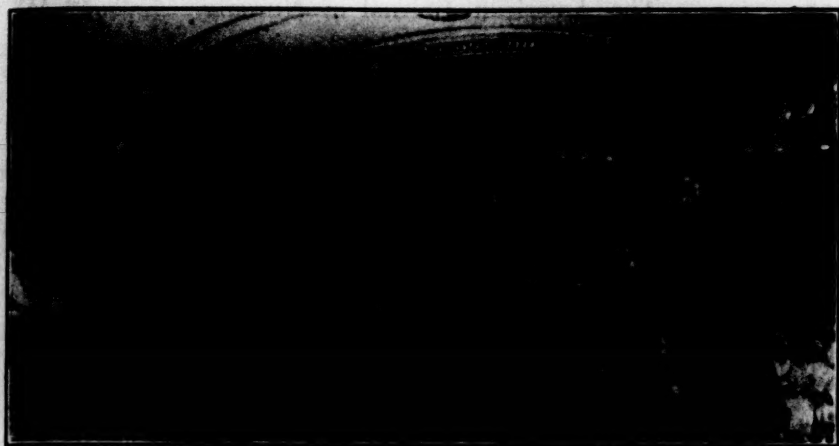
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## DETROIT'S COMMUNITY COMMENCEMENT

By LYSTRA E. GRETTIER, R.N.

**T**HE FIRST community commencement of the Detroit Hospital Schools of Nursing was one of the responses to the impulses and purposes of patriotism that were stirring the mind and soul of America during its engagement in the World War. It was also an expression of the community idea of cooperation for strength and effectiveness.

Repeated calls of the American Red Cross Nursing Service for thousands of nurses to meet the demands of the War Department, placed upon Detroit, in common with other populous communities, the responsibility of providing a generous quota; also that of recruiting new students to replace those graduating, who with other nurses were volunteering for overseas service. The opportunity to further those objects by stimulating a vivid sense of their importance was offered through the meeting of the three national organizations of nurses in Cleveland in May, 1918. Knowing that many of the leaders of

the profession would be in attendance it had been arranged by a committee representing the seven Detroit schools of nursing to combine their graduating exercises on May 11, the date on which it was made possible to enjoy the rare privilege of having present Jane A. Delano, M. Adelaide Nutting, Annie W. Goodrich and Mary Beard to address the nurses.

The engaging personality of these noted women with their words of wisdom were an impelling appeal to the intelligent patriotism of the nurses and the public composing the vast audience that overflowed the armory. The messages were given state-wide publicity through the Red Cross, and new accessions to the ranks of nurses resulted from the impetus. Music by the Liberty Band and the Bugle Corps, Boy Scouts proudly bearing the National and the Red Cross flags, light, color, attractive uniforms were properties employed for the staging of the beautiful living moving picture of the graduating

classes, numbering 145, and the 600 other nurses — students, Red Cross nurses, private duty and public health nurses, all in their uniforms of service marching in long lines, and then forming deep rows of bright earnest faces meeting the enthusiastic greetings that went out to them from the audience.

With a little less pageantry but no less artistry that event has been repeated for seven successive years, and the increase in nurses and in public interest is making the largest auditorium a necessity.

The program is one of dignified simplicity with music contributed by the choristers of St. Paul's Cathedral; the addresses that are made to the young nurse graduates are educational and inspirational, and they begin their career with encouragement and faith.

In the observance of the date of Florence Nightingale's birthday for the commencement, in her picture on the printed program, and in the use of her favorite hymn as a recessional, annual public tribute is paid to her memory. There is also the constant tribute of loyalty to her ideals dwelling in the minds and hearts of those who aspire to be true "missioners of health," and to keep her little lamp bright and shining as a guide in the quest for truth.

The last graduating ceremonies occurred a week ago, and Lynn Harold Hough, Ph.D., D.D., delivered the address. He made an appeal for a sense of proportion in looking upon life, and urged the nurses to seek an attitude neither "professionally optimistic," nor yet pessimistic. He would have them see the body as the temple of the Living God—and approach realism in all its

sordidness, its actuality, and all its bareness, with a shining idealism; and he believes that the majority of nurses come through the trial of facing reality with their idealism untarnished. He sounded the new note dominant in the progress of modern medicine, when he called upon the nurse to see hospitals, not as institutions of disease and suffering, but as institutions of health. He paid tribute to Professor Freud for his valuable contribution to humanity when he proclaimed sublimation as diverting life's urges into useful channels.

#### NURSES' ASSOCIATION OF KOREA

Another professional publication made its bow to the world in March. It is the dignified and well set up little *Bulletin* of the Nurses' Association in Korea. The new magazine is edited by Mrs. A. L. Ludlow and Miss Han Syn Kwang and is printed in English and the picturesque native characters. Says Esther Shields, writing on "The Trained Nurse in Chosen," for every building there must be foundations and builders to erect the structure." She refrains from saying that since 1897 she has been busily at work laying the foundations for modern nursing in that far-away country.

The new *Bulletin* makes its appearance at an auspicious time and should take proud place with the many other professional publications at the meeting of the International Council of Nurses at Helsinki.

#### NINETEEN TWENTY-FOUR THE BEST HEALTH YEAR

The health of the people of the United States and Canada was, in all probability, better in 1924 than ever before. This is the first year in which every important cause of death has registered a decrease from the year before.

This is indicated by the year's amazingly low mortality record for approximately sixteen million people—the Industrial policyholders of the Metropolitan Life Insurance Company—who constitute approximately one-seventh of the combined population of the two countries. Their death rate was 8.5 per 1,000, which was 5.2 per cent. better than the year before.

## MENTAL HEALTH CLINICS

By H. DOUGLAS SINGER, M.D.

TO ONE who has been trained in medicine as it deals with the various organs and systems of the body, the subject of mental health presents many difficulties for the reason that he must free himself from the tendency to regard mind as a special organ or as the function of a particular organ. Mind is neither of these; it is the reaction of the man *as a whole* to the conditions under which he has to live. Mental activity includes the activity of the whole body, the brain, which is often thought of as the organ of mind, being only the machinery through which the various parts of the body are harmonized and directed in action. Obviously, therefore, in considering questions concerned with mental health it is essential to take into account not only the state of health and efficiency of the various organs with which the man is endowed, but also the conditions of life he is called on to face. The mental health clinic must study not only the man but also his environment, if it is to understand the behavior he shows as he goes through the world and to lay down rules for his guidance. Bodily health may be looked on largely as a matter of the internal relations of the body. Mental health, on the other hand, is mainly a question of satisfactorily meeting the conditions in the world outside the body.

It is also necessary to realize that mental hygiene, like bodily hygiene, has a positive as well as a negative side, even though it is the latter that comes to most minds when the term is used. By negative here is meant hygienic meas-

ures directed merely toward the prevention of disease. But the positive aim,—measures directed toward the achievement of conduct that will insure efficiency and happiness, is of even greater importance; it means the use of the body as a whole to the best advantage in the struggle for survival. If this be kept in mind it will be realized that the mental health clinic is not concerned merely or even mostly with the detection or treatment of insanity or feeble-mindedness. Its scope is much wider and involves the study of the way in which the man behaves and the effects of this behavior both on the actor and on society. Even with healthy organs a man may so employ them that he fails relatively or absolutely to secure the satisfaction of his innate needs and desires; in addition, he may also be a detriment to the community in which he lives. If there is defect or disease of bodily organs, especially of the coördinating mechanism, the nervous system, there is even greater liability to inefficient behavior because of the greater handicaps and the poorer quality of the tools with which the man must work.

The mental health clinic must provide, therefore, for the following studies: (a) the bodily health; (b) the quality of the intellectual tools with which the man is endowed (the intelligence); (c) the social conditions under which the man lives, the problems he is called on to face; and (d) the tendencies to react to situations in particular ways that have become habitual as the result of earlier training and experience

(the personality). The personnel essential for these purposes includes: a physician equipped with the laboratory facilities customarily employed for the study of body functions; a mental tester (psychologist); a worker trained in the investigation of social conditions, especially of those conditions that influence the personality (the psychiatric social worker); and a psychiatrist.

The procedure followed in the clinic resembles that in any medical clinic with the exception that closer attention is paid to details that will give an insight into the personality of the man being studied and the conditions, economic and social, under which he must live. The main difference from the usual history concerns the fact that in large part the investigator deals with events or happenings rather than with symptoms in the ordinary sense. Throughout must continually recur the query—What did he do? In addition to the facts concerning heredity, birth, early development, nutritional habit at various ages, illnesses and injuries, attention is paid to the progress and behavior in school, the kinds and steadiness of application to work, the successes and failures, economic conditions in the home, tendencies to activity or dreaming, evidences of fears or worries, emotional reactions under ordinary or extraordinary circumstances, the relations with others in the home and elsewhere, the interests and recreations, the sex life, and the daily habits in the ordinary routine of life.

These facts having been secured from every source available, the usual health examination is followed out in detail

with especial consideration of basal metabolism and the functioning of the ductless glands. The mental tests are planned not merely to determine the mental age and intelligence quotient, but also to bring out the kinds of activity for which this person is best suited. It is the function of the psychiatrist to bring together the material thus collected and after studying the personality by means of a psychiatric examination to reach conclusions as to the planning of the mode of life, the correction of faulty habits and the establishment of more efficient ones.

The studies thus made, as already indicated, may have no relation at all to insanity or feeble-mindedness, but are designed with the object of viewing the man as a whole, and thus helping him to meet the problems he has to face. Obviously, there is much in this that should be applied to the general practice of medicine. It is not sufficient today to treat the disease from which a man is suffering; it is necessary to treat the man, and to do this we must know him and his difficulties.

#### SCHOOL LOYALTY

Pottstown Hospital, Pottstown, Pennsylvania, has been dubbed a "Sisters' Training School," because three pairs of sisters and four sisters from yet another family have been on its roll of no more than 18 at one time, in a period of just a few years. Mrs. Katharine Parrish Keiser, one of Ohio's daughters, liked so well the Pennsylvania School where she won her cap that her three sisters, Rosalie, Roxie and Carrie Parrish, followed her there. This element of loyalty is the outgrowth of a real worth in the institution. It betokens a quality of administration that augurs well for the future of both school and graduates.



## CHRISTIANE REIMANN, INTERNATIONALIST

**F**ROM ALL over the globe nurses are converging on Helsingfors for the meeting of the International Council of Nurses. There is romance in the very thought of the cities from which they come, of the many thousands of miles of travel over land and sea necessary to bring about this conference for the exchange of ideas, for the development of a deeper understanding, for a broadening of our common interests, and for the advancement of a true internationalism. No workers in the world have better opportunity than nurses for knitting together in common bonds of interest and understanding the races of the earth for they are concerned with health, a good that is desired alike by those of brown, of white or of yellow skin.

Christiane Reimann of Denmark, secretary of the International Council of

Nurses since 1922 when our own L. L. Dock resigned, is the energetic but scholarly and withal modest woman on whom much of the arduous pre-conference work has fallen. Miss Reimann is well known in this country as she attended the Biennial at Detroit last year and has traveled extensively also. She has won the B. S. and M. A. degrees at Teachers College, New York, and has secured practical experience in both the hospital and public health fields in this country in addition to much postgraduate work in her own. It is inspiring to contemplate such earnest effort in preparing for important work. It is stimulating to participate ever so slightly in mutual professional activities. It is a satisfaction to offer this modest appreciation of the earnest effort so soon to come to what cannot fail to be a fine fruition in Helsingfors.

## A FOUNDATION IN NURSING EDUCATION AT THE UNIVERSITY OF CALIFORNIA

BY ANNA C. JAMMÉ, R.N.

**T**HE CALIFORNIA Legislature of this year passed a bill which was signed by the Governor creating a Foundation in Nursing Education at the University of California. The history of this foundation is unique and interesting. The Legislature of 1923 passed a budget law which in its operation appropriated the funds of the Bureau of Registration of Nurses and all fees coming from registration and at the same time made no provision for the maintenance of the Bureau. The California State Nurses' Association immediately employed counsel and the case was

taken to the Supreme Court of the state and a decision rendered which "froze" the funds of the Bureau, but allowed a very meager amount for its upkeep.

The recent legislature "unfroze" the fund which had accumulated to the amount of \$70,000.00. Whereupon the State Nurses' Association introduced a bill to transfer this unexpended balance to the Regents of the University of California for the purpose of establishing a foundation in nursing education. This will take effect under the Department of Education with a Professor of Nursing Education in charge.

An opportunity is thus open for the development of nursing education on the Pacific Coast and establishes a center where teachers of nurses, supervisors and administrators of schools of nursing may be prepared.

The nurses of California have felt the need of such a foundation and have realized that no better use could be

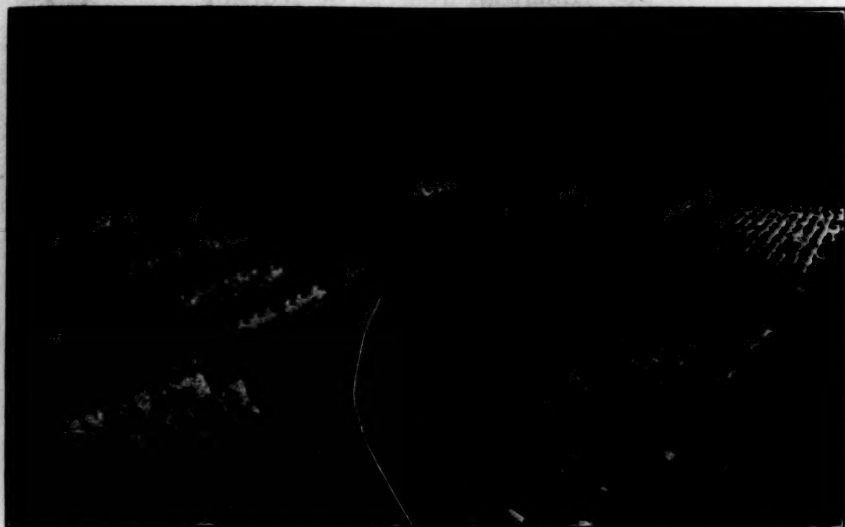
made of this accumulated balance than to establish this work and they rejoice that the difficulties and expense of the past two years have brought their reward in this form. The Association is represented on the committee appointed by the University to consider the curriculum, to appoint the director of the course, and to guide its future operation.

### NO CREED IN NURSING

JUST AS the last rays of the setting sun were illuminating the unfinished mass of St. John's the Divine, the door of Synod Hall opened and two figures stately and graceful in caps and gowns appeared. Following them up the wide path and up the Cathedral steps there came what appeared to be an endless host of blue and white gowned figures. All shades of blue there were according to groups. Some with high bib aprons and some with the softer kerchief, all with dainty white caps betokening their calling and all with the light of interest, youth and enthusiasm in their faces. As Miss Nutting and Miss Maxwell reached the main entrance of the Cathedral, they were met by the choir who led the way to the Chancel where seats for the distinguished guests had been reserved. It was a wonderful sight to see the main body of the Church fill rapidly with this army of youth. Directly following the student group came the superintendents of training schools and their staffs passing into the choir stalls. Next came the nurses from Teachers College in academic cap and gown, including nurses from Denmark, Japan, China, the Philippines, Bulgaria, England, Australia and Canada. They, too, passed into the Chan-

cel and were seated in front of the choir stalls. Again the picture changes and the Navy nurses appear, wearing their long blue capes and occupying the left side of the Presbytery platform. Then came the Army nurses in full out-door uniform, many wearing service ribbons and medals worthily won. They take their places at the right. Now the well known blue gray of the Henry Street nurses fills the gap between the Army and Navy. Last of the uniformed group came the Red Cross Nurses, occupying the steps of the Presbytery and lighting the picture with the scarlet lining of their much loved capes. A gallant army of graduate nurses from many schools fill all the remaining seats and overflow into the ambulatory and chapels.

The Cathedral has held many groups of many kinds but never a more earnest and sincere one than joined with reverence in the opening hymn, "For All the Saints Who from Their Labors Rest." Bishop Manning gave a cordial welcome. He explained that the service was given under the auspices of St. Barnabas Guild in memory of Florence Nightingale and the nurses who had died in service. It had been made possible by the coöperation of the



#### FLORENCE NIGHTINGALE MEMORIAL SERVICE

nurses of the city. He urged that it should be made an annual event and that every year the Cathedral should have the opportunity of welcoming the nurses of the city.

Dr. John Finley gave a graphic picture of the fascinating life of Florence Nightingale and of what she meant to the succeeding generation of nurses. He presented to the Cathedral in her honor and in honor of those nurses who had died for others, a beautiful altar cloth of fine linen and gold thread presented to him by women refugees being cared for in the Holy Land by the American Red Cross when he was Commissioner in Palestine. In closing, he read his poem of Florence Nightingale dedicated to the nurses of New York State.

I saw the miles of beds of agony  
From Belgium all the way to Scutari—  
The sick and wounded everywhere.

And through each war-filled ward by day or  
night  
Moved in their suffering midst a Thing of  
Light,  
As 'twere the Lamp she used to bear.

Straightway their murmuring ceased, their  
cries were stilled,  
As if some sweet, benignant force had willed  
Its way, or made a potent prayer.

So does the Lamp still shine, and on the walls  
Of myriad wards the soothing shadow falls—  
The nurse she trained is passing there.

After the benediction the clergy and choir filed out with the recessional hymn. There was a brief silence as the final Amen floated out from the unseen choir. The organ pealed forth into an inspiring march and the great audience in reverent order, the Red Cross nurses leading, passed quickly and quietly out into the night. There was a hurrying in different directions to collect wraps and to seek buses waiting to carry them back to their various hospital duties.

In an incredibly short time the vast army of nurses had melted away, the lights were out and the majestic Cathedral stood quiet and alone.

The service demonstrated the interest of nurses in spiritual things. It offered definite opportunity for St. Barnabas' Guild to serve the profession, since it emphasized for the community the highest ideals for which the profession stands.

The Guild, an organization of nurses for nurses, was founded in England in 1876 and ten years later in America,

to supply in some measure the recreation and friendly intercourse which the nurse so often needs, and to open the way to spiritual contact, to set and maintain a standard for thorough training, efficiency and nobility of character in the nursing profession.

As there are branches of the Guild in forty cities of the United States as well as in England and Canada, Australia and South Africa, a nurse through her membership in the Guild is certain of finding friends in any of those places.

## HOW TO DRY AND CLEAN HYPODERMIC NEEDLES

BY WALTER M. BRUNET, M.D.

*Brooklyn, N. Y.*

**T**HE CARE of hypodermic needles is, at best, a fussy task and oftentimes after a hypodermic or other injection, the needle is laid aside to be cleaned and dried later. Frequently when the job of cleaning is reached, the needle is found to be clogged. Oxidation is the foe of all steel needles and this destructive power is due to the fact that needles are put away without being properly dried.

The simple inexpensive instrument shown in the accompanying cut is for the purpose of drying and cleaning hypodermic needles.

It consists of a B-D Asepto rubber bulb,  $\frac{1}{2}$ -ounce capacity, into the neck of which is inserted a male Luer adapter. This adapter fits all Luer needles.

To use this instrument, the adapter is inserted into the hub of the needle



and the bulb compressed several times. In this manner the in and out action of the air through the needle will blow out the moisture and dry it thoroughly.

### MOTTO OF INTERNATIONAL COUNCIL OF NURSES

The essential idea for which the International Council of Nurses stands, is self government of nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that fuller development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her.



## EDITORIALS

### THIRTY-FIRST MEETING OF THE LEAGUE

ANOTHER, the thirty-first annual meeting of the National League of Nursing Education has passed into history. Officers of the League and Minnesota nurses may well write not "Well Done," but "Excellent Done" on their programs. No two conventions are ever in the least alike, which fortunately makes comparisons, which are proverbially odious, impossible. Doctor Beard forecast the tone of this one on opening night when he said that "all work and no play makes Jill a dull girl," for play of sorts was provided in generous measure to "leaven" the scholarly yet practical program. It is more difficult to evaluate the spiritual quality which was glowingly evident. We like to think that the forces set in motion by two of Minnesota's great pioneers were at work—the shining thing that made Louise M. Powell, in addition to all other responsibilities, wade through snow morning after winter morning in order to hold prayers with her students; and the beautiful serenity that pervades St. Mary's at Rochester, the hospital of which Sister Joseph has been the guiding spirit for over thirty years. Minnesota nurses did not have to tell their guests that harmony prevails in their ranks. Harmony in Minnesota is a self-evident and beautiful fact in state relationships and is well demonstrated also in the first central school of nursing in a university.

The program was well planned with the immediate needs of nurse educators

in mind and was splendidly executed. The papers and addresses were able, forceful, practical and evoked valuable discussion. The three evenings formally arranged were both stimulating and diverting. The program on opening night consisted of addresses by Dr. Richard Olding Beard, that doughty champion of nursing education, and Laura R. Logan, the retiring President of the League. The very unusual feature of the evening was the carefully selected and beautifully rendered program by the Minneapolis Symphony Orchestra. Most astonishingly the orchestra came to the association and played in the ballroom of the fine new Nicollet Hotel. The evening devoted to *The Need For Play* was wholly given over to a splendid address by Prof. Allen Hoben of Kalamazoo, Michigan, who sugar-coated sound psychological principles in a highly entertaining fashion.

All the gay company who attended the banquet carried away memories of unusual charm. Miss Logan opened the program by quoting Ruskin and likened the development of nurses to that of flowers, for "flowers grow best in the gardens of those who love them." Mary C. Gladwin painted in picturesque well-turned phrase and thoughtful utterance a fascinating picture of Minnesota. The evening was rounded out by groups of songs by an artist who most skilfully and artistically adapted his program to the mood of the audience.

Most gracious hospitality was extended by Mrs. A. R. Colvin, an early graduate of Johns Hopkins Hospital, who entertained in her delightful hill-top

home, and by the Minneapolis Health Center.

The seventy-five members who spent a day following the convention at Rochester were bountifully repaid, even though seven-league boots and an active brain are essential to a cursory one-day visit. Many a notebook was whipped out as practical ideas on construction, administration or teaching were demonstrated. Coöperation between the St. Mary's and the Kahler Schools of Nursing was well demonstrated by the orchestra composed of students from both schools which entertained the guests during luncheon.

Those in attendance at the convention came away with well-filled notebooks and each with renewed zest for her own particular task and with a memory of the spirit of nursing in Minnesota and of Northwestern hospitality which are things to be cherished in the heart.

#### AN IMPRESSIVE PROGRAM AT MINNEAPOLIS

**A** CONVENTION MAKES history, but history is best written when the event is viewed in perspective. The *Journal* ventures to predict, however, that the thoroughly practical and thoughtful presentations and discussions at Minneapolis will have an unusually definite effect on schools of nursing, particularly on their attitude toward communicable disease and public health nursing.

The President's address, published in full in this issue, sounds again the call which was first clearly heard when the conference on grading was reported in the April *Journal*. The grading of schools is of vital importance to every nurse, so too is the inspection of

schools minutely described by Mrs. Alma H. Scott, of Indiana, in a paper which is published also. As the work is now financed and organized, no inspector can possibly live up to all of Mrs. Scott's suggestions at one visit, but she has done a valuable service by setting up an ideal to be striven for. Mary E. Gladwin discussed with rare courage the out-of-state inspection of the New York examiners and plead "for a little better understanding of the needs of rural communities and of the efforts that have been made to bring hospital care to them." Said Miss Gladwin, "Surely we have arrived at that stage of our growth both as women and nurses, when we can air our differences, argue on the one side or the other, have the courage of our convictions, and yet retain all our respect and admiration for each other," and then cited an instance of two lawyers who argued vehemently on opposite sides of a case and then went out to lunch together. Certainly, Miss Gladwin's frankness won the respect even of those who were not wholly in agreement with her.

Probably in few places is Diet Therapy so convincingly taught as at the Mayo Clinic. The statement of principles and the plea for coöperation between dietitian and nursing service was tellingly made. Said Dr. Russell M. Wilder of the Clinic, "We expect the dietitian to guide our nurses and train them, not to compete with them, and we employ her in this teaching capacity." Doctor Wilder's statement regarding the result to be obtained by diet therapy not only in diabetes, but in the reduction of operative risk in thyroids by preparatory high caloric feeding, in obesity, in constipation, in epilepsy, and

in the use of glucose in the preparation of operative cases, all strengthened his argument for a better knowledge of nutrition among nurses.

THE CLEAR cut discussion, which will be published later, of the care of the isolated patient (including tuberculosis) at a round table which was as well conducted and well attended as a major session, made every listener feel that all possible efforts should be put forth to secure for every community the high type of care now available in a few institutions through the persistent and intelligent effort of such women as Sarah Barry, Charlotte Johnson, Elizabeth Miller and Edith Wilson, in installing medical aseptic technic. This, coupled with the emphasis placed on the importance of giving every student a health consciousness, should go far toward helping those within the hospitals to see with understanding the nursing required without their confines and to help those on the outside to appreciate the problems of those within. A new committee was appointed to make a study of the time required for affiliation in communicable disease.

Minnesota nurses are fortunate in enjoying the stimulating friendship of Georgina Lommen, of the faculty of the Moorhead State Teachers College, whose life work is concerned with habits, attitudes, ideals, and life-abiding interests. Her clearly defined discussion of some newer tendencies in education was illuminating and readily may be applied to the teaching of nurses. Said Miss Lommen,

Education in America has outgrown the early idea of education as a preparation for death and the later idea of it is as a preparation for life and we have come to look upon it as a

revelation of life as expressed in terms of health, citizenship, efficiency, personality, happiness and self-realization in a worthy life. Truly nurses may well be receptive to such a concept of education.

Bertha Harmer of the Yale School of Nursing, whose paper was read by Effie J. Taylor, first explaining that their work is surrounded by the practical difficulties of any school in an old hospital, discussed Teaching and Learning through Experience, and described a method of assigning patients to students and of making case studies and experience records. Through such records, it is possible to know not only what a student has *had* but, what is vastly more important, what she has really learned.

Postgraduate work was discussed at a round table on Institutes and Summer Courses led by Maud McClaskie of Detroit. Both were agreed to be of distinct worth and to have their place. The function of institutes was wittily described by Sally Johnson, of Boston, with a homely simile drawn from the farm, for institutes have a useful place in developing a taste for the "more" of summer courses and full academic work.

AMELIA GRANT held the close attention of her audience on the subject of including Public Health Nursing in the Undergraduate Course. Indeed this paper (to be published shortly in the *Journal*), the preliminary report by Emilie Robeson, who is making the study for the League in coöperation with the Associated Out-patient Clinics, on The Place of the Nurse in the Dispensary, and the papers and discussion on the Care of the Isolated Patient sounded with unmistakable precision a note in our nursing education that must

be heeded by our schools. Indeed, Miss Logan stated that these discussions and the insistent demand for nurses with knowledge of the principles of public health nursing and therefore of communicable disease nursing, would inevitably influence the curriculum of many schools and thus bring about what Charlotte Johnson aptly called "a well balanced education" in nursing.

OF MAUDE MUSE'S remarkably constructive paper on Teaching Psychology in Schools of Nursing, it was said that psychology was for the first time made really appealing for, said Miss Muse,

Even though the nurse be possessed of superior skill and able to put through any amount of hard work, if she is unable to get along with people she is always a failure as a nurse, and psychology, according to Miss Muse, is primarily a study of behavior.

Sociology was discussed wholly scientifically, but with delightfully informal use of the vernacular by Prof. Wm. L. Bailey of Northwestern University and became a living thing to be considered by all schools rather than a "high-brow" subject to be included at some future time, "if possible." Said Prof. Bailey,

The nurse stands on the "firing line" of life and of social problems. She has always been a "social worker" *par excellence*. Her work was much broader and more vital than the professional tradition of it.

And

for a profession so related to the social process it would seem natural enough that sociology should in some form be a part of the training.

Doctor Bailey cited Lillian Wald's "House on Henry Street" as evidence which every nurse should possess of "how inevitably her profession broadens

into social service." Both papers should do much to advance the teaching of these sciences which are so fundamental to a real understanding of nursing problems.

The final paper on the program, "How the Library Serves the Hospital and School of Nursing," by Perrie Jones, of the St. Paul Public Library, was eminently practical, for hospitals and schools, in the main, fail to make maximum use of local facilities and to take proper advantage of the cordial attitude of most librarians.

Those who accuse nurse educators of forgetting the actual bedside care of the patient would have been interested in seeing the packed audiences present each morning at the Minneapolis General Hospital when practical procedures were demonstrated.

Private duty does not fall within the usual scope of the League's activities, but the problems of this group are of such moment that the voting body, accepting a suggestion from the New York State League, adopted a motion that a committee be appointed to work in coöperation with the American Nurses' Association in making a study of this important field with a view to bettering conditions for private duty nurses and so for patients.

Midwifery was again brought to the front and a committee appointed to make a study of the subject with special reference to a possible need of midwifery for nurses; while an appeal to the National Tuberculosis Association for more opportunities for affiliation for students in schools connected with general hospitals was embodied in an important resolution.

The meeting drew to a close with



well-phrased resolutions of warm appreciation of the efforts of the officers and all those who contributed to the happiness and the success of the meetings and with the announcement of the election of officers. The new Board, with Carrie M. Hall, of Boston, as President, and the reelected Secretary and Treasurer, Misses McCleery and Rottman, has representation from coast to coast, including Marion Vannier, of Minnesota, and Mary May Pickering, of California.

PRESIDENT OF THE NATIONAL LEAGUE  
OF NURSING EDUCATION

CARRIE M. HALL, elected President of the National League of Nursing Education at Minneapolis, is the director of the school of nursing of Peter Bent Brigham Hospital, Boston. She is a very active worker in the Massachusetts State League of Nursing Education, the Massachusetts State Association of Graduate Nurses, and in the New England Division of the American Nurses' Association. She has been a member of the Board of the National League in several capacities. Miss Hall brings fine qualities of leadership to the office and will wear with grace and dignity the mantle of that long line of distinguished women who have through thirty-two years presided over the oldest of our national organizations.

Miss Hall succeeds Laura R. Logan who has ably served through three arduous years. The immediate tasks that confronted Miss Logan on her incumbency were the stabilizing and budgeting of League finances, and a reorganization of the body in order that a plan of membership from local to

state to national, comparable to that of the American Nurses' Association, might be accomplished. These and other problems were faced with characteristic courage. The League has lived within its means and has carried out a constructive although necessarily limited program. Reorganization is well under way, seven states having already completed the work. The plan sponsored by the League, for a national grading of schools which owes so much to the quietly persistent effort of Isabel M. Stewart is making headway. The League staunchly maintains its leadership of the movement to constantly improve the professional education of the nurse and to fit educational programs to the demands of ever changing times.

INTERNATIONAL COUNCIL OF WOMEN

THE SIXTH Quinquennial Session of the International Council of Women, held in Washington, D. C., May 4-14, 1925, was inspiringly interesting, as well as educationally valuable, especially to those with open and receptive minds, who were so fortunate as to be in attendance.

After becoming accustomed to the seemingly slow and confused method, i.e., presentation of a resolution as well as the discussion, first in English, then in French and German, one began to receive some very distinct mental pictures. The program was not unlike that of a biennial convention of the national nursing associations, business sessions with reports, resolutions, and amendments to the constitution and by-laws, with evening meetings devoted to special subjects with important speakers; music and a pageant were also given a place.

The official language of the meeting was English. One was impressed not only by the facility with which this was spoken by the foreign delegates, but by the vocabulary and perfection of choice and construction displayed. American nurses might do well to emulate our foreign sisters in this respect, as well as in their ability to speak easily and gracefully, without notes, yet keeping clearly to the point.

To the practical American nurse, accustomed to an orderly program, with a main subject and its neatly arranged sub-topics, the arrangement seemed disconnected and not well coördinated. For example—Child Welfare, Public Health and Social Hygiene were treated by separate committees and apparently were not regarded as all part of a general health and social program. The earnestness and fearlessness, however, with which the subjects were presented and discussed was convincing proof of the progress which has been made by women in civic and social work throughout the world. The delegates from forty-two national Councils, some having a large number (as for example, Denmark, which sent twelve), were representative of the advanced position now being taken by women. There were senators, members of parliament, experts from the Council of the League of Nations, physicians, lawyers, teachers, nurses and social workers.

Listening to the discussion, one was struck by the similarity of problems and the method of approaching them by all Councils. The Congress seemed to draw the women from all over the world close together into one great family. This seemed prophetic of what might be expected at the meeting of the Inter-

national Council of Nurses in Helsingfors.

Discussion of the reports of the Committee on Peace, Disarmament, and League of Nations, assumed a conspicuous place in the program. That criticism was made by patriotic societies and the press of the United States was probably inevitable, but unfortunate, for it unquestionably gave the foreign delegates the impression that the purpose of the meeting was not clearly understood, and furthermore, that it was suspected of trying to force its views upon the United States.

The International Council of Women, like the International Council of Nurses, is partly for the purpose of promoting a better international spirit and understanding, through meetings where civic, social and educational questions may be freely discussed. The program is not arranged with special reference to the political situation in the country where it meets, but it goes without saying that the Council should be as free to discuss what may seem to be a reactionary or unprogressive attitude on the part of the government of the country where it is meeting, as if it were convening in another country. The Chairman made it very clear that the national councils were not arbitrarily committed to the letter of the resolutions, that all the Council could do was to recommend these to the national councils, their adaptation to the needs of their respective countries and a presentation to their respective governments in whatever way they might deem best.

The question of raising dues, in order to provide for the developing program of the International Council of Women, from \$100 to \$250, for each five years,

occupied considerable time. A motion to this effect was finally adopted. The Treasurer stated that it would require an annual income of two thousand English pounds to finance the Council. Many of the delegates seemed to be in favor of establishing the assessment upon a pro rata basis, rather than through the same amount for each Council. It was shown that Iceland with less than 10,000 women represented would pay as large an assessment as the United States with 10,000,000. Whether this same rule applies to affiliating societies other than National Councils, which are neither entitled to a vote nor to participation in the discussion, was not revealed. It was observed that not only was the American Nurses' Association represented by two delegates, but also many of the States. If this privilege had extended to all state associations, it would have brought a considerable revenue to the International Council, something like \$5,000.

It would, therefore, seem important that a clear cut understanding should be reached as to the relationship of the

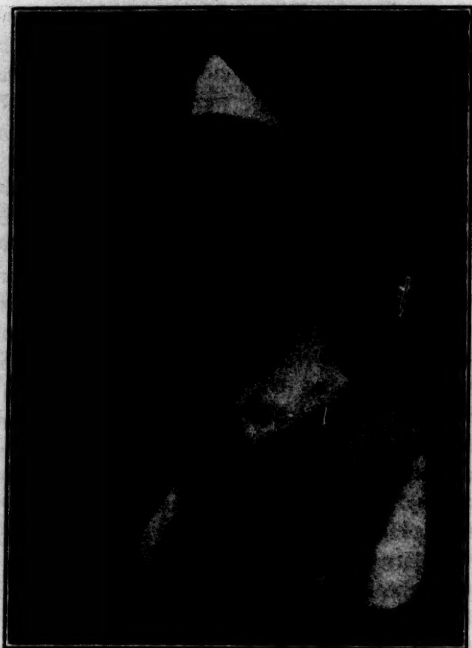
American Nurses' Association and its state branches to the International Council of Women. While many nurses were present, including some from foreign countries, the absence of any discussion on nursing was noticeable. A well chosen paper on Progress in Nurse Education, given by one of the leading nurses of America, or by some one of the foreign countries would have seemed particularly applicable, inasmuch as Public Health, Child Welfare and other related subjects were discussed at length. A fine opportunity to interest the women of the world through their national councils in the general subject of nursing seems to exist. It is a thought well worth consideration. Possibly a closer relationship between the International Council of Nurses and the International Council of Women might be developed. In any case the meeting was stimulating and educational, the women who participated were enthusiastic, earnest and sincere, many of whom had made great sacrifices in order to meet the expenses incident upon attendance at the meeting.

*The truly independent thinker does not make less use of other men's ideas than the servile thinker, but more. The expert man of science or law or business has a thousand masters while the servile mind has but a few. The truly independent thinker does not put less faith in them, but he chooses the right ones to put his faith in. The servile mind has faiths that seem strong only because he never questions them. His faith in Jones' liver pills or the divine right of kings is really at the mercy of any new quack or Napoleon. In fact, a good definition of intellectual independence is "reasoned dependence."*

*The truly initiating mind does not imitate less, but more. It imitates more men, in more fields, in a greater variety of conditions. But here again it is reasoned imitation; and out of multifarious reasoned imitations, comes, to him who has the capacity, the insight to discern, and the zeal to take, the profitable risk, the hopeful leap in the dark, the courageous step upward where no foothold may be found.—Edward L. Thorndike, "Education for Initiative and Originality."*

*—Teachers College Bulletin, October 25, 1919.*

## WHO'S WHO IN THE NURSING WORLD



XLVIII. CARRIE MAY HALL

**BIRTHPLACE:** Nashua, N. H. **PARENT-AGE:** American (seventh generation). **PRELIMINARY EDUCATION:** Nashua high school, 3 years; girls' school, Amherst, Mass., 1 year. **PROFESSIONAL EDUCATION:** class of 1904, Massachusetts General Hospital; one year at Teachers College, New York. **POSITIONS HELD:** Head nurse, Massachusetts General Hospital, nine months; Assistant Superintendent, Quincy City Hospital, Quincy, Mass., 1905; Superintendent Margaret Pillsbury General Hospital, Concord, N. H., 1906-1911; Organized School of Nursing, Peter Bent Brigham Hospital, Boston, Mass., 1912. **ARMY SERVICE:** Appointed to Army Nurse Corps, through Red Cross Nursing Service, May 9, 1917. Assigned Chief Nurse, U. S. Base Hospital No. 5, to duty with B. E. F. Hospital No. 11, Camiers, and

B. E. F. Hospital No. 13, Boulogne, France. May, 1918 on detached duty with American Red Cross as Chief Nurse, American Red Cross in Great Britain. Chief Nurse, American Red Cross, in France and Director of Bureau of Nurses, November, 1918. Mentioned in Dispatches, Sir Douglas Haig; awarded Royal Red Cross, first-class, by King George V; awarded la Medaille de 2me Classe de la Reconnaissance Francaise. Released from service, August 5, 1919. **OFFICES HELD:** President Massachusetts General Alumnae Association; President Massachusetts State Association; elected in May, 1925, President National League of Nursing Education. **PRESENT POSITION:** Superintendent of Nurses and Principal School of Nursing, Peter Bent Brigham Hospital, Boston, Mass.



## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### AN ADDRESS OF WELCOME TO THE NATIONAL LEAGUE OF NURSING EDUCATION<sup>1</sup>

BY RICHARD OLDING BEARD, M.D.

TO HAVE the honor of welcoming the National League of Nursing Education is a distinction which any one of our citizens might envy. To extend a welcome to you in a purely unofficial capacity is something of an innovation, but so far as I am concerned, it only adds to the pleasure and privilege of the occasion. I welcome you, not as the Mayor or as any other functionary of the City or State might do, but as one who has a personal regard for you as nurses and a profound respect for you as an organized educational body.

Indeed, I welcome you as one of you, for, after all, my highest title to this honor lies in your own act,—for which I have not had previous opportunity to thank you,—by which you conferred upon me an honorary membership in the League, the first honorary membership bestowed, I believe, upon a mere man.

To welcome any body of visitors to the City of Minneapolis is always a safe thing to do,—for it is perfectly possible to say that Minneapolis is a city of open and welcoming hearts; that you need no keys of the city to give you its freedom.

And it is a perfectly safe thing to do, for it is equally possible to say, without risk of suspicion as a promotor, that Minneapolis is a city of singular beauty, of sterling enterprise, of wonderfully good health. We shall hope to have the

opportunity of proving these things to you while you are among us.

I am told that your officers have held the local committee closely to a program of business and I regret their otherwise admirable ardor; for I am quite sure that all work and no play makes Jill a dull girl. However, these are summer days and long ones in Minnesota, and I hope that you will, nevertheless, make something of a vacation out of your visit; that for a little time, at least, you will steal awhile away and spy out the land for yourselves; that you will glimpse the wonderful chain of lakes and parkways by which the Twin Cities are surrounded. And when you have, you will agree that nature and art have not anywhere coöperated to more beautiful results than they have worked out for us here.

I have the privilege, too, of welcoming you in behalf of the University of Minnesota, an institution of which city and state are justly proud, ranking fourth among the universities of the country in point of size, registering in the current year 10,609 collegiate students, 8,441 extension and other non-collegiate pupils; a total of 19,050, and with a faculty numbering over 1,000.

We are anxious that you shall visit the University and witness, at least, to its physical development. We regret but one thing, with respect to your gathering here,—and that is that with all of its 87 or more buildings, the

<sup>1</sup> Read at the opening session of the National League of Nursing Education, Minneapolis, Minn., May 25, 1925.

University has not, as yet, achieved an auditorium sufficiently large for your general sessions.

When, at some near time, we hope, the biennial conference of the three great nursing organizations of the country shall be held in Minneapolis, the grand auditorium, already partly subscribed for by student, faculty and popular gift, will have been reared to the memory of the late Cyrus Northup, the second President of the University, and will be ready for the gathering of the hosts of nursing.

To one subject of educational survey at the University of Minnesota we particularly invite you. I hardly need to say that this is the University Central School of Nursing. I hardly need to remind you that Minnesota is the home of the first University Undergraduate School in Nursing. All honor we pay to Columbia University that she stands as the great pioneer of graduate teaching in this field.

I hardly need to recall to your minds that here in 1909 the great nursing associations of that day met and hailed the birth of the university education of the nurse. I can never forget the spontaneous gladness of the response that great meeting gave to the announcement of this new birth. The nurses of America should never forget it,—not because of the honor to Minnesota,—I am devoutly glad that the honor is now shared with so many institutions,—but because that wonderful response was signal of the fact that the profession of nursing was ready for the dawning of a new day in nursing education.

Nor do I need to remind you, perhaps, that four years ago we organized here the first Central School of Nursing,

with which four major hospitals were associated; their nursing services coming under the University's direction and control. The most significant things about this movement are: (1) that nursing procedures are thereby standardized in a number of large hospitals; (2) that a better rounded, more complete system of practical teaching becomes possible; (3) that the opportunity of a university education in nursing is thereby extended to a larger number of women; (4) that expert teachers of university appointment both in the basic sciences and the clinical subjects, become the instructors of student nurses.

It may interest you to know that four years ago registration in the University School of Nursing ranged from 65 to 75 pupils; and that today it includes 212 three year students; 47 five year students; and 74 affiliated students taking their senior year in the School; a total of 333.

We very earnestly invite your inspection of the School and your free criticism of its system. We wish that you may find time to visit the University Hospital, the Minneapolis General Hospital, the Charles T. Miller Hospital and the Northern Pacific Hospital, all associated with us, and to include the eight-mile ride to the beautiful Glen Lake Sanatorium, with its 600 beds, also affiliated, for teaching purposes, with the University School.

And now, Women of the National League of Nursing Education, I cannot forego the opportunity to give you, as no official welcomer, as no stranger to your history could give it,—the greatest welcome of all—a welcome that may come, I hope, as a resounding battle cry, in these days of peace, to your

waiting ears, a welcome to the work which the times in which you live and the status of the profession to which you belong have given you to do, a work which is inspired by the greatest promise, the broadest vision which ever opened up before a profession of service, and is, at the same time, dictated by the heaviest handicap which ever hung upon the future of a profession of privilege, the work upon which you have entered under so great difficulties, but with so bright a prospect of success, the classification or grading of the Schools of Nursing in America.

It has been my valued privilege, through the courtesy of your leaders in this movement, to watch its progress and to review the report of the recent meeting of the joint committee, made up of members of the League, of the other nursing organizations, and of the associated medical bodies. It was a meeting big with hope, august in its assemblage, remarkably educative in its counsels upon the great program you plan.

I have read and re-read, have studied and been inspired by the report. I do not see how anyone, gathering up its clear implications, can fail to be moved by the significance of the undertaking, can fail of eager reaction to the issues it suggests. My own reaction I find very definite at a number of points.

I do not see how anyone, in this day of the world, can entertain any doubt, or raise any question of the functions of the profession of nursing, of their already perfectly clear definition; of the intimate, the vital relation that obtains between nursing education and nursing practice.

No one familiar with the history of

education, in any of its organized forms—and particularly in its professional forms, can fail to see that the present critical problem of nursing education can be solved in no other way than by effectual grading of the schools, that the future of nursing education will turn upon the success of this movement.

This being true, it follows that the process of grading must be effectually applied to *all* schools, whether they solicit it or not. Their possibilities of educational betterment will be stimulated and discovered by grading. Perhaps their irrevocable unfitness may be announced by classification; some of them may hear the knell of their future in the grade they get.

The history of the classification of medical schools, of fifteen years ago, is enlightening of your present enterprise. The critical point in that Medical Survey that "there is a limit below which no school should be called a school of medicine," quoted by Doctor Colwell, applies with equal force to a school of nursing.

On the other hand, I want to applaud the declaration of the report that the University School is not the sole criterion of high grade. It is even conceivable that a so-called University School may be a poor school. Institutional schools are capable of giving as good an education as any others, providing their teaching is of expert type. The university relationship, as it commonly exists, is simply a powerful means to a common end, so powerful that it may well be employed wherever it is within reach.

That the hospital needs the school of nursing, good or poor, is an utterly fallacious argument. The poor hospital

carrying the load of a necessarily poor school grows worse thereby. Bereft of it, it may become a better hospital. Far better have graduate duty nursing than poor pupil nursing in small institutions. A poor school, anywhere, prejudices public opinion to the mischief of the profession of nursing.

The classification of the undergraduate school is as vital to public health nursing as it is to nursing of any other type. The forms of nursing are many, the ends of nursing are one.

We may as well squarely face the existing situation in nursing education. The poor schools and many of them are an incubus upon the good schools. They are a millstone around the neck of the profession. They are a reproach to nursing education. Their existence is, in many instances, an economic calamity. They educate the public to a disbelief alike in medical and nursing practice. Incompetence is a misfortune to any people. It is most dangerous when it enlists a majority of either the credulous or the self interested in its support.

While the progress in nursing education, in recent years, has been great, the general principles of school surveying have not materially changed since the day when Abraham Flexner completed his notable survey of the medical schools of America under the Carnegie Foundation. His report was accepted, north and south, east and west; it has worked out its beneficent results from 1910 until now: First, because he was familiar with the structure of education in general; second, because he had made himself a profound student of medical education; third, because the technic of his survey was well worked out in

advance; fourth, because he took the institutions with which he had to deal just as he found them and made himself personally familiar with their conditions; fifth, because he practically conducted the work alone; sixth, because he was *not* a physician.

Should your joint committee, in its wisdom, follow much the same method; select a sufficiently well-informed director of the survey who is *not* a nurse; predetermine the standards by which schools are to be measured; instruct its director to classify schools as they are, rather than as they may promise to become; and to find helpers in the already constituted state organizations—equal acceptance will be given to the final report of the classification of the schools of nursing and equally beneficent educational results will follow.

The fit schools throughout the country, the schools which possess a capacity for growth, the State Boards of Nurse Examiners in many States, the educationists in nursing everywhere are crying out to you for a relief that can come in no other way than by the classification you have undertaken.

You have done a great work in the past. You have a far greater still to do. Your major enterprise of today will test out the strength and the wisdom that are in you. It is an enterprise you owe to yourselves, for as educators your self-respect is compromised by existing educational conditions. It is an enterprise you owe to the profession of nursing which is prejudiced by the influence of the poorly educated and the unfit. You owe it to the nursing students of today and tomorrow, for the evidence of the high standing of any calling rests upon the care and



protection it throws around its professional offspring.

But, more than all else, you owe this enterprise to the public, whose you are and whom you serve, whose health interests are entrusted to your care, for whose assurance of the fitness of graduates in your profession you are responsible.

I congratulate you that you have girded yourselves for this service. I pray for your guidance in its accomplishment. I am sure that you will be prepared to do battle, if need be, in so good a cause; that you will carry it,

with the aid of the cordial hearts and the sustaining hands of all lovers of nursing, to its righteous conclusion.

Again, I welcome you, to all that we can do for your comfort and pleasure, to all that you may enjoy in our community and its environment, to all that may inspire you in our educational atmosphere, to this important duty of today that falls to your hand.

To the hope of the future for the profession of nursing, the fulfillment of which lies in the human betterment to which it is yours in major measure to minister, I challenge you.

#### OUR CONTRIBUTORS

**Laura R. Logan, A.B., R.N., B.S.**, whose presidential address read before the National League of Nursing Education is our initial article, requires no introduction to *Journal* readers.

**Elsie C. Barnard, R.N.**, who responded so willingly to our request for a description of their methods of maintaining the temperature of solutions, is a graduate of the Washington University School of Nursing; she is instructor in surgical nursing in her own school, and supervisor of surgical wards in Barnes Hospital, St. Louis, Mo.

**Mary A. Hickey, R.N.**, is Superintendent of Nurses of the United States Veterans Bureau (See *Who's Who*, December, 1924).

**Feeding Premature Infants** is concrete evidence that nurses make good use of ideas obtained from the *Journal* as the article was inspired by an earlier one in Preparation of Lactic Acid Milk. **Beatrice M. Clutch, R.N.**, is a graduate of and Supervisor in the School of Nursing of Blessing Hospital, Quincy, Ill.

**Grace Royer, R.N.**, who prepared the article on Acidophilous Milk, is Supervisor of the Catherwood Milk Laboratory of the Philadelphia Children's Hospital and is a graduate of that school.

**Mary E. Kavel, R.N.**, is Supervisor of the Obstetrical Department which is directed by the originator of the Rothrock Table in the Charles T. Miller Hospital, St. Paul, Minnesota.

**Amelia Grant, R.N., M.A.**, is Assistant Professor of Nursing in the Yale University

School of Nursing, where she is putting the principles discussed in her paper into effect.

**Mrs. Alma H. Scott, R.N.**, a graduate of the Presbyterian School, Chicago, studied at Teachers College, 1921-'22. During the World War she served with Base Hospital No. 13 at Limoges, France, and was with Evacuation Hospital No. 7 during the Chateau Thierry Drive, serving as operating room supervisor. Later she became night supervisor at Indiana University School of Nursing. Since January, 1924, she has been Educational Director for the Indiana State Board of Examination and Registration and also Executive Secretary for the Indiana State Nurses' Association.

**Mrs. Lystra E. Gretter, R.N.**, the beloved Dean of Michigan nurses, has modestly refrained from mentioning her own part in bringing about such coöperative enterprises as Detroit's Community Commencement.

**H. Douglas Singer, M.D.**, of Chicago, is the Medical Director of the Illinois Society for Mental Hygiene.

**Anna C. Jammé, R.N.**, is Director of the Bureau of Nurse Registration of California (See *Who's Who*, September, 1921).

**Richard Olding Beard, M.D.**, is so widely known as a friend of nursing education that in China a friend of nursing education has been dubbed "the Doctor Beard of China."

The editorial on the Quinquennial Session of the International Council of Women was prepared for the *Journal* by Clara D. Noyes, who was one of the official delegates from the American Nurses' Association.

## REVISION OF THE STANDARD CURRICULUM

(Continued)

### ELEMENTS OF NUTRITION AND COOKERY<sup>1</sup>

**Time:** 45 hours divided as follows: 15 periods of one hour each to lectures; 15 periods of two hours each to laboratory work. The course is to be given after the course in chemistry is completed.

**Teacher:** The course is conducted by a trained hospital dietitian.

#### OBJECTIVES OF COURSE

1. To give pupils a practical knowledge of the principles and methods underlying simple cookery for well and sick people.
2. To make them familiar with the nutritive values of foods, and to enable them to arrange a balanced dietary for the well or for convalescent patients according to the demands of age, physical activity, climate, etc.
3. To help them to understand and administer the ordinary hospital diets. (Dietary treatment of special disease conditions is given as a special course immediately after the completion of this course.)

#### OUTLINE OF LECTURES

##### I. *Functional Classification of Food.*

Use of different foods in body building and repair, considered from standpoint of students themselves, guided by their weight charts, their knowledge of food customs of people in different climates, and their own personal desires in their daily dietary. Show necessity for finding out relation between food, activity, sex, age, climate, disease.

II. (a) *The Nutrients*—Their classification on basis of chemical composition, their sources and cookery principles.

(b) *Function of Each Nutrient and Examples of Each*—General: for energy, building material, regulation of body processes. Special: proteins, fats, carbohydrates, ash (mineral), water, vitamins.

<sup>1</sup> Prepared by the sub-committee on Dietetics—Carrie Hall, Katharine Kimmick, Louise Metcalfe, Shirley Titus (chairman), with the collaboration of Mary de Garmo Bryan, Ruth Parrish and Dr. Ruth Wheeler of the American Dietetic Association.

(c). *Physiological Processes Involved in Nutrition*—Preparation of foodstuffs for use by cell (digestion and absorption); utilization by cells (assimilation); disposal of waste by cell (excretion); definition of metabolism.

(This lesson is mainly review of work already covered in Physiology and Chemistry.)

III. *Energy Value of Food*—Forms of energy: work, heat, etc. Conservation of energy: unit of measure, the calorie; method of determining energy; energy value of different nutrients; determination of energy value of some common foodstuffs, using average servings.

IV-VI. (a) *Food Requirements of Adult Body (Normal)*—Method of determination. Factors modifying energy requirements: muscular activity, size, shape, age. Determining of total energy requirements for a day, using student for the analysis (average number of calories required by her when (1) sleeping; (2) sitting at rest; (3) at light exercise; (4) playing tennis.) Comparison of results with standard of various authorities. Modification for age, size, sex, etc.

(b). *Explanation of Routine Hospital Diets*—Liquid, soft, light, regular.

VII-IX. *Requirements for Body Building and for Regulation of Body Processes*—(With examples of food furnishing these different elements.)

(a). *Proteins*—Nitrogen available only in form of protein. Body requirements. Nutritive ratio. Result of protein insufficiency or excess. Sources of proteins. Fundamental principles underlying protein cookery.

(b). *Minerals and Water*—Source. Body requirements. Function. Cookery to preserve mineral content.

X. *Foods Making for Energy*—Carbohydrates and fats: (1) source, composition, use of diet; (2) starch and sugar cookery; (3) fat cookery.

XI. *Vitamins* — Function, source, vitamin

requirements of body, results of insufficiency. Cookery to preserve vitamin content.

XII-XIV. (a) *Balanced Diet*—(1) for normal child up to 12 years of age; (2) in adolescence; (3) decreased requirements for old age; (4) dietary needs during pregnancy and lactation period. Milk modification. (b) *Balanced diet for normal adult.*

#### XV. Examination.

#### OUTLINE OF LABORATORY WORK IN COOKERY

Fifteen two-hour periods.

#### A. Breakfast.

I. *Fruits and Cereals.* Fruits—raw: orange juice, shredded orange, etc.; stewed: apples, apple sauce, etc.; baked: apples, quinces, bananas; dried fruits: prunes, apricots, figs. Cereals—Cracked grains, coarsely ground, finely ground, flaked.

#### II. Breads and Beverages.

Breads—popovers, bran muffins, griddle cakes, waffles, biscuits.

Beverages—coffee, tea, cocoa.

#### III. Eggs and Toast.

Eggs—poached, scrambled, soft cooked, omelets. Toast.

IV. *Plan, Prepare and Serve Breakfasts* with—fruit, cereal, eggs, bread, beverage.

#### B. Luncheon or Supper.

V. *Main Dishes*—cheese souffle, fondue, creamed and scalloped dishes, etc.

VI. *Salads*—fruit, vegetable, meat, fish.

VII. *Desserts*—junket, blanc mange, bread puddings, gelatine.

VIII. *Plan, Prepare and Serve Luncheons.* (Include frozen dessert with luncheon or supper.)

#### C. Dinner.

IX. *Soups*—cream and with stock. Poultry.

X. *Meats and Fish*—broiled, roasted, stewed, etc.

XI. *Vegetables*—all common types, including potatoes.

XII. *Plan and Serve Meals for Normal Adult*—breakfast, dinner, supper.

#### D. Miscellaneous.

XIII. *Liquid and Soft Diets*—planned on meal basis, as, for example:

##### A. *Liquid Diet Trays*—(without milk).

Breakfast—orange juice, hot malted milk (made with water), tea or coffee.

Luncheon—clear soup, beef juice, water ice.

Supper—lemon albumin, tea, gelatine dessert.

##### B. *Soft Diet Trays.*

Breakfast—orange juice, well cooked cereal, toast, tea or coffee.

Luncheon—milk toast or poached egg on toast, cocoa, junket.

Supper—cream soup, cream sauce plus pureed vegetable, toast, custard.

XIV. *Light Diet*—planned on meal basis, as, for example:

Breakfast—orange, soft cooked egg, bacon, toast, coffee.

Luncheon—lamb chop, stuffed baked potato, chopped spinach, gelatine with whipped cream, toast.

Dinner—consommé, broiled chicken, baked potato, creamed asparagus tips, ice cream.

XV. *Diet for Children, 3, 6, 10 years*—(planned on meal basis.)

#### A Day's Dietary for a Child of Three:

Breakfast—orange juice, wheatena, toast and butter, milk.

Dinner—cream of pea soup, poached egg, baked potato, toast or bread and butter, tapioca cream.

Supper—steamed rice, milk, bread and butter, date marmalade. (And 10:30 and 5:30 supplementary feeding.)

#### A Day's Dietary for a Child of Six:

Breakfast—baked apple, oatmeal, milk, dry toast and butter.

Dinner—split pea soup, croutons toasted, spinach, bread and butter, stewed prunes.

Supper—baked potato, bread, milk, creamed rice pudding. (And 10:30 a. m. feeding of milk and crackers.)

#### A Day's Dietary for a Child of Ten:

Breakfast—baked apple or stewed prunes, well cooked cereal, dry toast and butter, milk.

Dinner—baked fish, potatoes or rice, creamed onions, milk, bread and butter, stewed fruit, cookies or chocolate blanc mange.

Supper—cream soup, baked potato, milk, bread, apple sauce.

(Suggestion: It is suggested that the class be divided into thirds; each group to undertake the preparation of an entire day's dietary for a child of either 3, 6 or 10. After the entire day's dietary is cooked and ready for consumption there should be a comparison of trays in which variation or increase in food intake for children of various ages should be brought out.)

#### METHODS OF TEACHING

1. Under ideal conditions the most satisfactory method of teaching the laboratory work for this course would, no doubt, be by the modified project method, or "meal basis" plan. Because of the limited amount of time and the great mass of material to be presented, it has been necessary to combine the old formal method of teaching with the project method. It is highly recommended that, when conditions permit, the entire laboratory course shall be given on the "meal basis" plan entirely. For example, instead of teaching carbohydrate cookery through the preparation of separate foods (no attempt being made to prepare a meal), carbohydrate cookery might be learned through the cooking of one entire meal (breakfast, for example, where the cooking of cereal, bread stuffs, etc., would appear). The value of such a method of instruction lies in the fact that the student will think and visualize meals, which, of course, is the only way that food is usually served.

2. Both in "Elements of Nutrition and Cookery" and in "Diet in Special Disease Conditions," it is highly recommended that the "case study" method of teaching be used as often and as extensively as possible. The individual patient should be used as an object of study and as illustration of various nutrition problems. His chart should be examined, the laboratory findings carefully noted and the case followed day by day while the lecture and laboratory work is interspersed with reference to, or about, the patient who presents such a nutrition problem.

The students themselves should be used as

objects of study also. Their daily dietary needs (in relation to age, activity, etc.) should be discussed, and they should have some experience in planning their own meals. In laboratory periods IV, VIII, XII, the class might be divided into pairs, each pair of students planning, cooking, serving and eating a meal (or two meals). Such meals should be carefully criticized by the students themselves in regard to caloric content, choice of foods and preparation of same, appearance of meal, taste, etc.

3. These lectures and laboratory periods (in the two dietetic courses) are in no way intended to take the place of regular diet kitchen experience. The diet kitchen service should be looked upon as a more intensive laboratory course and should be given only under the close supervision of a dietitian and should be planned with the educational need of the student, rather than the economic need of the hospital, in mind.

It is highly recommended that when the dietetic courses and the diet kitchen service are completed, the nutritional needs of the patient shall be continuously kept in the foreground of the student's mind through the interest and effort of both dietitian and head nurses. Efforts should be made to make the nutrition needs of the patient as important and vital as their medical and surgical needs.

#### EQUIPMENT

A fully equipped cooking laboratory (maximum capacity 24) is essential for the satisfactory teaching of dietetics.

#### TEXT AND REFERENCE BOOKS

##### Group I<sup>1</sup>

Barrows and Lincoln—Home Science Cook Book.

Carter, Howe and Mason—Nutrition and Clinical Dietetics.

Drexel Institute—Individual Recipes (pamphlet.)

Farmer—Foods and Cookery for the Sick and Convalescent.

Friendenwald and Ruhrah—Dietetics for Nurses.

<sup>1</sup> Group I is composed of books considered essential.



Lusk—Science of Nutrition.  
McCollum—The Newer Knowledge of Nutrition.  
Pattee—Practical Dietetics.  
Proudfit—Dietetics for Nurses.  
Rose—Feeding the Family.  
Rose—Handbook of Laboratory Dietetics.  
Sherman—Food Products.  
Willard and Gillett—Dietetics for High Schools.

#### Group II<sup>2</sup>

Alvarez—Mechanics of Digestion.

<sup>2</sup>Group II of those which are strongly advised for wider reference.

Carlson—Control of Hunger in Health and Disease.

Cannon—Mechanical Factors of Digestion.

Macleod—Physiology and Biochemistry in Modern Medicine.

Sherman—Chemistry of Food and Nutrition.

Pamphlets and Bulletins, Posters and Charts from American Child Health Association, Philadelphia; American Child Health Association, New York City; Association for Improving the Condition of the Poor, New York City; Teachers College, Columbia University, New York City; Cornell University, Ithaca, N. Y.

### DIET IN SPECIAL DISEASE CONDITIONS

Time: 15 hours of lecture. If there is no metabolism ward in the hospital where the student can secure practical experience in handling special diets, such as weighed diets, etc., it will be necessary to give, in addition to the 15 hours of lecture, a laboratory course of not less than 10 two-hour periods. Under either condition—where there is, or is not, a metabolism ward—special care should be taken to tie up the theory as much as possible to the individual patient (i. e. case study).

The course, "Diet in Special Disease Conditions," is to follow the course in "Elements of Nutrition and Cookery," no break being made between the two courses.

Teacher: A physician who is familiar with the problems of diet in relation to special diseases, or a well-trained dietitian.

Objects of Course: (1) To apply the fundamental principles of cookery and nutrition to the dietary treatment of the commoner special disease conditions. In each of the conditions mentioned below general principles of feeding should be discussed, how these principles apply to the particular problem being discussed, typical menus should be examined, and the hospital routine diet lists for the dietetic treatment of each special condition should be given the student. (2) The work in the metabolism ward or laboratory should be such as to give the student a practical knowledge of how to prepare weighed diets of various kinds, how to cook special dishes such as agar preparations, salt-free bread,

washed bran muffins, etc. The charting of diets should be emphasized and the importance of accurate records in metabolism studies made clear.

Note: While one lecture is given over to the "Feeding of the Sick Child," it is expected that this particular phase of the work will be more adequately given in, and during, the student's Pediatric service.

Infant feeding is included under "Diseases of Infants and Children."

#### OUTLINE OF LECTURES

I-II. *Diet in Diseases and Disorders of the Gastro-intestinal Tract.* Intestinal stasis; hypoacidity; constipation; diarrhea; gall-bladder conditions.

III. *Treatment of Certain Individual Dietetic Problems.* Vomiting; distention; parenteral feedings—rectal, peritoneal, intravenous; subcutaneous; regulation of acid and base intake; regulation of fluid intake, limitation of fluids and forcing of fluids.

IV-V. *Malnutrition (Emaciation) and Obesity.* Anorexia; bulimia; polyphagia.

VI. *Fevers.*

VII. *Tuberculosis, Pneumonia, Anemia.*

VIII. *Cardiac Insufficiency, Arteriosclerosis.* Principles of diet for acute and chronic decompensation; Karrell diet; cardiac diet; diet in cases of arteriosclerosis.

IX-XII. *Nephritis (1 hr.), Pyelitis and Cystitis (1 hr.), Diabetes (2 hrs.).*

XIII. *Rickets, Scurvy, Pellagra, Hypo and Hyper-thyroidism.*

XIV. *Feeding the Sick Child.* An application of the general principles laid down in I-XIII to the feeding of sick children. Special points at which child's diet must be safeguarded in contrast with that of the adult should be stressed; i. e., growth and quality of proteins, minerals and vitamins, etc.

XV. *Routine Hospital Diets.* High caloric, low protein, salt-free and purin-free diets, high fat, low fat, constipation regime, etc.

#### METHODS OF TEACHING AND ILLUSTRATIVE MATERIAL

As in preceding course.

#### TEXT AND REFERENCE BOOKS

As in preceding course.

Reprints of these outlines may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.

#### INTERNATIONALISM

We are told by those who still live in the ancient world of 1913, "In time of peace prepare for war." Quite the contrary. In time of peace prepare for peace. Prepare men's intelligence and sympathy, by education, art, ethics, philosophy, religion, by new social, economic and political objectives, so that in the hour of passion, reason and humanity will not lose their majestic sanctions to the mad terrors of tooth and claw. The human spirit has bloomed out of blood and only an insistent cry of intelligent humanism will preserve and spread its perfume.—Albert Edward Wiggam, on "The New Decalogue of Science."

#### HOT WEATHER RULES FOR THE BABY

"BABIES' LIVES ARE IN DANGER IN SUMMER unless mothers adhere carefully to a few simple and essential 'Hot Weather' Rules," says the *Bulletin* of the Detroit Department of Health.

1. **NURSE YOUR BABY.** Do not wean without consulting your doctor. If bottle fed, keep food covered and on ice. Do not give ice cream, unripe or too ripe fruit to young children and do not allow them to eat

between meals. Children require only three-fourths as much food in hot weather as in cool weather.

2. **WATER.** Give baby all he will take between feedings. Do not give water for three-fourths of an hour before feeding time. Give baby cool boiled water.

3. **CLOTHING.** In hot weather a diaper and thin shirt are enough. If very hot, leave off the shirt. Dress the baby according to the temperature. Don't use enough clothes to make the baby perspire. Use white clothes.

4. **BATHING.** Bathe the baby once a day. In hot weather give the baby a cool sponge bath two or three times a day. If he has prickly heat include baking soda and corn starch in the bath water. (1 teaspoonful of baking soda and 1 dessert spoonful of corn starch to 1 quart of water.) Clean hands and face help keep the food clean.

5. **SLEEPING.** Have the baby sleep out of doors as much as possible protecting him from the direct sun and extreme heat. Do not use heavy materials—as curtains, etc., to cover or shade the baby—they exclude air. Protect him from flies by covering the carriage or crib with white mosquito netting. Don't pile on extra covers unless the weather turns cold—the baby's covers should be no warmer than yours.

6. **SUMMER DIARRHEA.** At first symptoms of diarrhea, stop all feeding. Give as much cool boiled water as baby will take, offering water every 15 to 30 minutes. A baby loses water very rapidly with a diarrhea and needs immense quantities to replace this loss. Consult your doctor at once. If you get in touch with him early he can easily check a simple diarrhea. Later he may be able to help but little. Keep your baby clean, cool and comfortable. Castor oil may be given once in the earliest stages. Later, it may be dangerous. **ASK YOUR DOCTOR FOR ADVICE**—he is your RESPONSIBLE advisor.

#### SMALLPOX SPREADS

Smallpox is not alone prevalent in the United States but is general throughout the world at the present time according to the monthly Epidemiological Report of the Health Section of the League of Nations Secretariat. "Smallpox remains widespread in the United States and shows a continual tendency to increase," says the report, which further suggests that the type of smallpox now prevalent in this country has changed from that of previous years.

## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR  
*Director, Nursing Service, American Red Cross*

### RETURNED QUESTIONNAIRES

**I**NCREASING INTEREST is being manifested by the nurses each year in the questionnaires sent out annually from National Headquarters. Responses this spring are coming in with greater promptness and in larger volume than ever before. Though the questionnaires were not due to be sent out until April 1, even before the end of that month the number of returns had reached 7,798. By June 1, 13,032 questionnaires had been sent in to National Headquarters. Of these, 316 were from nurses serving in 35 foreign countries, more than one-half of the full quota now located in other lands. These are itemized alphabetically herewith.

Africa 1, Alaska 2, Bermuda 1, Brazil 4, British West Indies 1, Canada 159, China 53, Colombia 3, Cuba 10, Czecho-Slovakia 1, Dominican Republic 1, Egypt 1, England 10, France 8, Greece 5, Guatemala 1, Haiti 1, Honduras 4, India 3, Ireland 1, Italy 1, Jamaica, B. W. I., 2, Japan 2, Korea 4, Mexico 14, Nicaragua 1, Norway 2, Palestine 1, Persia 1, Porto Rico 7, Scotland 1, Switzerland 2, Syria 2, Turkey 4, Virgin Islands 2.

Again and again is brought out in the answers given the truth that the nurse stands ready to respond to the call of suffering humanity, be it half a world away.

"Are you willing to serve?" probes the questionnaire.

And in the militant "I am ready," the nurse voices her high resolve to brave the perils and privations of distant and often benighted regions where the simplest necessities of every day living under the stars and stripes frequently

are translated into luxuries quite beyond her reach.

Often the returned questionnaires are accompanied by a letter giving a graphic picture of the conditions and background of her new duties. Such is the case as set forth in the following letter received from a nurse who is stationed at Aintab, Turkey.

Spring has really come. I can almost say summer. The fields are green and the hills are covered with delicate lovely colors as the low plant life is waking up. In a valley near us we found a little lane bordered with wild almond trees that were in full bloom a week or two ago, filling the air with delicious fragrance. For the most part the country is bare and unlovely to the casual observer but there are lovely spots in the valleys and along the water courses and in the private gardens of some of the Turks. We like to think that some day the whole country will be filled with beauty and cleanliness and thrift and opportunity for all classes instead of the ignorance, filth, superstition and degradation so common now. \* \* \*

Sometimes it is hard to be patient while we have to see the great majority of the ignorant peasant class sit in darkness and suffer while our schools and doctors are not allowed to help them because "Turkey must be run solely by the Turks." Already, however, many are feeling the necessity of help until their own people are better prepared to do the work themselves and we hope that through doing what we can until they are ready to let us do more, we will eventually really be able to do a good work here.

Some of our cases are as follows: A young woman, 17 years old, had been in labor four days in a village five hours away from us. She was brought in to us on horseback in a cold, hard rain storm. She nearly collapsed upon arrival. She was delivered by high forceps delivery. Several days later, not having found any pelvic symptoms to account

for continued fever, we discovered that she had a broken rib and an abscess had formed there. Later, when her sister came to visit her, we learned that the village midwives had put her into a large blanket or carpet, and tossed her up and down, even making her turn a somersault in an attempt to make the child "come down where they could deliver it." This is only one of four terrible cases from one village this year. One had to be a craniotomy. One was an arm presentation and a version had to be done.

Nearly every patient who comes to us, has first been to a barber or to some old woman and had his skin cut with a razor several times. Sometimes as many as thirty-five cuts are prescribed for one swollen joint. They all wear charms to keep off the Evil Eye. Many of them wear little three-cornered packages of writings from the Koran done up in leather cases. A hopeless little girl, a case of long-standing nephritis, was given water to drink in which some paper covered with writing from the Koran had been soaked a proper length of time. A young man who was dying from intestinal obstruction when I first saw him had a bowl of water, violet colored from the inky paper soaked therein. He, of course, was not retaining anything so I suppose it did not hurt him.

A young man who had an abscess in the region of the kidney came to us in a very bad condition. When we asked what had been done for him we were told that they had only "cut a chicken and bound it over the painful place." That wasn't so bad, perhaps it made a good sort of fomentation.

Another one of our present patients is a woman who had bitten her tongue during a spasm and was not brought to us until the whole end of it had sloughed off! We nearly lost her the first night, from hemorrhage. Perhaps it would have been better for her had she gone! She is making a good recovery now, but she will not be able to talk very plainly (which may be a blessing!)

It is a real joy to see the difference in people who have had some training. The first year I was in Turkey, a party was held for the graduates of our Girls' School who had married and had children. There were some twenty dear, clean, sweet little babies with happy, intelligent mothers. They were

Armenian girls and are all gone now, but we hope some day to be able to help the Turkish girls in the same way.

We do have many happy experiences in our present limited work and the gratitude of the people is often very pathetic and the friendship established worth a great deal in the gradual uplift of a burdened people. One of my specialties is in providing handkerchiefs for my little friends as one of my associates has been doing for a long time, remembering that "cleanliness is next to Godliness."

#### CONFERENCE OF FIELD REPRESENTATIVES

A conference of the field representatives from the Atlantic Seaboard, formerly included in the New England, Washington and Southern Divisions, the first to be held since the reorganization of the American Red Cross set-up, convened at National Headquarters, May 18-27. Field nurse representatives to the number of 15 and 35 general field representatives attended. Such an occasion, when all the activities of the Red Cross, chapter, national and foreign, are reviewed, cannot but give an enlightening and broadened outlook upon the tremendous scope covered by this organization. Any one service, it would seem, should suffice to keep a national association busy.

The recent letter (C. S. 4), referring to state and local committees on Red Cross Nursing Service and their relation to chapters, was one of the chief pivots of the discussion at the conference on nursing. The importance of establishing close relationship between the two was frequently brought out by Henry M. Baker, national director of disaster relief, who specially stressed its value in mobilizing nurses in time of disaster. This point was further emphasized by Miss Noyes, who, instancing



the recent tornado in the Middle West, paid high tribute, as did also Mr. Baker, to the local committees in Chicago, St. Louis and elsewhere for their efficiency in getting into the devastated area, long before the general public had had a chance to appraise the extent of the calamity, between 300 and 400 nurses.

The following experience, as told by Mr. Baker, lent graphic distinctness to the conditions under which nurses often strive. On the night of the tornado, accompanied by ten nurses, he journeyed by motor to Murphysboro. The storm had destroyed the lighting system and the entire area was enveloped in inky blackness.

"Stay right here in this spot," Mr. Baker instructed the group of nurses. "I'll take my pocket flashlight and try to locate the local relief stations."

After more than one narrow escape from broken bones he stumbled through the debris to the nearest lights and was gratefully hailed by the doctors who were giving first aid.

"For ——— sake, send us nurses!" they pleaded. "We need at least ten for this one station alone."

Mr. Baker promised to do the best he could. Then, returning to the spot where he had left the nurses, he instructed the first in line:

"Take hold of my coat-tails and let each of you follow suit by holding on to the coat of the nurse in front of her."

In this grotesque single file formation, only the small flashlight to illumine the Stygian darkness, the missionaries of mercy made their way through the wreckage. Often they nearly fell over the carcass of an animal. Now and again they came upon the dead or in-

jured body of a human victim of the storm's wrath. At last they came to the first relief station. Here two nurses were left and Mr. Baker proceeded on his round, dropping off two more at each subsequent stop until the corps had been depleted. "I'm leaving you here to do the best you can," were his parting admonitions in each instance. "Stay where you are." An injunction scarcely needed by any nurse under any circumstances.

In passing it may be noted that the nurses selected for duty in the devastated area were selected with reference to their ability to give first aid and to set up emergency hospitals, clinics, dressing stations, and also to organize sanitary units.

In addition to this topic, Public Health Nursing, Home Hygiene and Care of the Sick, Nutrition and all the other activities of the American Red Cross came up for discussion. It was repeatedly shown that Home Hygiene classes frequently lay the foundation for public health nurses and nutrition work, while the two together often are efficacious in reviving a dead chapter and introducing, in due season, all of the various Red Cross activities.

#### THE AMERICAN NURSES' MEMORIAL— FRANCE

An interesting report from Evelyn Walker, director of the Association d'Hygiene Sociale de l'Aisne, brings the distressing news that Doctor Hamilton, in charge of the Florence Nightingale School at Bordeaux, has recently met with an accident, breaking her leg in three places. The accident happened just a week before her annual meeting. But for this unfortunate occurrence the

meeting was a great success. Doctor Hamilton is, however, improving.

**Writes Miss Walker:**

Realizing that I was representing American Nurses, I wore my Red Cross uniform. This was the annual meeting of the hospital as well as of the school and was held at Bagatelle in the Nurses' Home. There was a very large attendance and quite a sprinkling of American residents of Bordeaux. \* \* \* As for the school itself, I was much pleased with the general atmosphere. The students are a fine looking group, full of enthusiasm, good health and the joy of life. All are inspired with the fact that they are really to carry on the high ideals of American Nursing, because the American nurses have shown their confidence in them by giving them their Nurses' Home.

\* \* \* The first building of the hospital is practically finished and is very fine indeed. I think that the second building will be begun at once because interest in the proposition is becoming more vital. The town of Bordeaux has just promised 100,000 francs and Doctor Hamilton is very hopeful of help from other sources. The dispensaries at Bagatelle show a most unusual activity for new clinics. They have now practically all the specialties and the doctors who are in charge of them are young and full of interest in the new hospital. Doctor Hamilton is educating them, too, on nursing matters and I think they will be a valuable asset to the future of nursing in France.

Doctor Hamilton is most anxious to have American nurses who are attending the Helsingfors meeting visit the school and arrangements undoubtedly will be made for special excursion rates from Paris to Bordeaux with this end in view.

**SPECIAL MEMORIAL SERVICES AT  
DELANO GRAVE**

For the first time since the body of Jane A. Delano was interred in the National Cemetery at Arlington, Sep-

tember 18, 1920, special Memorial Day services were held on May 30th at her grave.

These were under the auspices of Jane A. Delano Post No. 6, American Legion, and commemorated all her sister nurses buried in this spot, dedicated to the Army and Navy nurses of the United States. Every grave bore a floral tribute, that of Miss Delano being decorated with a large wreath given by the American Red Cross, which she served so well and by floral emblems given by Jane A. Delano Post, No. 6, of Washington, and the Alumnae of Bellevue Hospital.

"Assembly," sounded by bugle, initiated the ceremonies which followed the ritual prescribed in the American Legion Manual, Marjorie Woodzell, Junior Vice Commander of the Post, officiating. The Battle Hymn of the Republic, beautifully rendered by Harlan Randall, the refrain being sung by all present, and "There Is No Death," also by Mr. Randall, were the only musical numbers.

Short addresses were made by Captain Sayres Milliken, representing Major Julia C. Stimson, superintendent of the Army Nurse Corps; by J. Beatrice Bowman, Superintendent of the Navy Nurse Corps, and by Clara D. Noyes, National Director of the American Red Cross Nursing Service, who was represented by Ida F. Butler, assistant director.

Then the mournful cadences of "Taps," concluded a service marked by simplicity and a depth of feeling at once tender and solemn.

## STUDENT NURSES' PAGE

## POSTURE OFT PROCLAIMS THE MAN

By M. McC.

*Presbyterian Hospital School of Nursing, New York, N. Y.*

**P**OSTURE OFT proclaims the man. Apparently story tellers and authors of all times have realized this. How often, through the description of one's physical makeup, we are given an insight into his character. Some adjectives used over and over again in this connection are stooped, slouchy, ungainly, awkward, clumsy, hollow-chested—all of which have to do with posture—and in turn suggest traits of character such as laziness, slovenliness, uncouthness, stupidity, craftiness, cowardliness, sullenness, insolence, miserliness—and many others. On the other hand, we hear of people being described as straight, upright, broad shouldered, erect, well poised, graceful, and would expect to find in these same people—determination, ambition, fairness, bravery, pride, refinement, clear thinking—a right attitude toward things.

Before stories were written when literature was folklore passed on by word of mouth the negative was brought out chiefly by characters whose physical

attributes were as unattractive as possible. In "Mother Goose" the "Crooked Man" did not go unnoticed. Later on when fairy tales were written, it was always the dwarf, small, shrunken, misshapen; or the witch, with the hump on her back, head thrust forward to accentuate a long, pointed chin, or the goblin made as grotesque as possible, who brought about all the unhappiness in the stories. Even before we knew the part they were to play we hated them because of the traits suggested by their physical make-up. The fairies, the godmother, the princesses and princes were, on the other hand, always charming. The prince was always recognized by his "kingly bearing." The princess by her charm, grace and poise.

Coming down to Dickens' stories, who can think of old Scrooge without seeing a little old man with drooping shoulders, a hollow chest, head down, eyes on the ground, and what sort of outlook had he? Certainly he got very little pleasure out of living and

contributed very little. But when his eyes were opened, his attitude changed. He was no longer the wizened little old man, but an individual whose bearing proclaimed his deeper contact with life.

After seeing Shylock as Shakespeare describes him, could anyone expect fairness in dealing with him? Or could one be surprised at the lack of mercy shown or at the cowardice he displayed when caught in his own trap? In contrast think of Portia, could her stateliness and poise inspire anything but confidence and a feeling that justice would be done?

In thinking of some of the great leaders of various times, we realize that good posture must have been an important attribute. It is closely related to personality—and they both go to make up a sort of magnetism by which whole armies can be swayed. In our own day Roosevelt would stand out as an example of this. And as far as his physical characteristics were concerned, they were what he made them, for as a child he was very delicate.

It is interesting to think of the people in various countries in connection with this idea of posture, really thinking of it as well-developed bodies. However, it all reverts to posture and right kind of living. The Greeks are the first that come to mind. Because of their love of beauty and ability to express it through various mediums, we have come into a priceless heritage—Grecian art.

When we think of the Vikings, the Romans, the Celts—our own American Indians, how many admirable characteristics are suggested by the pictures they bring to mind. There are other races and nationalities with which we are very apt to associate rather undesirable traits.

Analyzed, we find many of these impressions due to the physical bearing of the individual—to posture.

Having thought of instances in literature, art and history, where "posture oft proclaims the man," it is not hard to see what it proclaims in the people about us. Knowing that it is indicative, to some extent, of a good mind, high ideals and a sound body, or the opposite, can anyone in any field of activity, professional, industrial, commercial, no matter what it is, afford to underestimate the importance of correct posture?

More and more we are realizing the dependence of good health upon posture. The human skeleton is architecturally perfect—arranged to give the very best support and protection to our bodies. If this framework becomes bent and misshapen, the entire system suffers, and the effect on one's general health is obvious.

Through the schools, health centers, industrial plants, public health organizations, hospitals, etc.—people are being educated to these facts. And closely associated with all these institutions we find the *nurse*. She has the opportunity of teaching thousands, and how does she do it? By definite instruction, sometimes; by suggestion, very often; by example—all the time. Then her own posture must proclaim what she wishes to see in those with whom she comes in contact.

An intelligent person realizes that in this stage of civilization, no man can live his own life independently of others. Those who have been fortunate enough to acquire a little knowledge should realize that a great responsibility is put upon them—in more ways than one "posture oft proclaims the man."



## LETTERS TO THE EDITOR



### NURSING IN CHINA

**D**EAR EDITOR: The Brethren Hospital at Ping Ting Chow, Shansi, Northern China, is not a big one, being only about seventy beds, but we feel that we are filling a big place as far as needs are concerned. The staff consists of two American and one Chinese doctor, two American nurses and eighteen student nurses of both sexes. We are endeavoring to hold the standards of good nursing aloft and have had some very gratifying results. Our students compare rather favorably with those at home, in most respects. However, there is one dominant trait which the Chinese have, that shows rather plainly in the nurses, and that is the cheapness with which life is held, and the disregard for the suffering of others. This trait has to be cultivated out rather painstakingly in the students here. We are raising our educational standards as fast as possible; we now have gotten to the point of requiring at least nine years of school work before entrance. The nursing profession in China is on a sound and uniform basis. The Nurses' Association of China controls all hospital registration and requires a registration every three years, to keep all of the hospitals up to standard. They

also conduct all examinations and training schools are not allowed to issue diplomas to their graduates until they have first passed the Association examinations. I might say that the Association members are graduate nurses of good standing, both Chinese and foreign. Now, due to the rapid growth of the organization during the last few years, more than half of the members are Chinese. The Association is also a member of the International Association of Nurses.

CHINA.

Mrs. C. F. COFFMAN.

### A TRIP TO THE OCCIDENTAL NURSES' ASSOCIATION OF KOREA

**D**EAR EDITOR: On Sunday evening, March 8th, 1925, I received an announcement of a nurses' meeting to be held in Seoul from the 12th to the 14th. It seemed impossible to think of attending a three-days' meeting so far away but, living away from all the other workers in Korea, I considered it all the more reason why I should make the effort. Although I knew more time would be spent in traveling than at the meeting and that the expense would be no small matter, I decided to go. Ten years ago it would have been no small thing for a person to say

that he was going to Seoul for the week-end because it would take six days or more to get to the railroad hub. Now, in these days of the automobile, (because they have reached Korea, too, and the Japanese have built good roads) it is different. So I ordered a seat in the public auto and started Tuesday morning. With a little hand-baggage, I left our comfortable "Philadelphia Home" in Kangkei, to sail out, putting my life, as it were in the hands of a strange man, as he guided our auto first over the river, on ice, for several miles then up over the very high mountains, for there are many and the road is narrow with many turns in it. On the top of one pass, we met a drove of cows which became frightened and ran off from the drivers. Two of them raced with the auto for a while and it was amusing to see them for you could not think a cow could run so fast. By the time we got to another mountain, there was a great snowstorm, the snow stuck to the wind-shield and it came down in such quantities that our driver could not keep the shield clear any more, so began watching the road from the side of the car. We were coasting down this mountain apparently all right, when suddenly the car turned to one side and of course we had only a margin of two or three feet so that by the time our driver could turn the front wheels and stop the engine we were just hanging over a precipice where there was a drop of one hundred feet or more. I think the snow helped to hold the auto there so that we could get out, pull our auto on the road and go on. We had other thrills but after spending the night at a Korean inn, where I slept on the floor, we finished the auto trip at noon the second day. At the end of the auto line there is a ride of two hours on a little narrow gauge railroad. Then at six o'clock I took a local train to Pyeng-Yang on the main road where I visited for several hours. At midnight I got on an express train for Seoul. Arrived at 7 a. m. After the association adjourned, I lost no time in getting back for I made it just before the roads were impassable on account of the spring thaw-outs. I have not tried to tell you about the interesting meetings we had, that is left for some one else to do but what I learned as we exchanged ideas and discussed problems along with my traveling experiences

has certainly been enough for me to come back and work harder and with more interest than ever before in the nursing profession.

KANGKEI.

JANE REHRER.

#### IN THE DAY'S WORK

**D**EAR EDITOR: Each day brings something interesting. Today the announcement of a son born to one of our nurses and a very interesting letter from another who is now fighting T. B. bugs in New Mexico. It is sharing the joys and sorrows with the private duty nurses that makes being a Registrar about the finest job in the world.

A REGISTRAR.

#### JOURNALS WANTED AND ON HAND

Miss Frida Agnass, 179 Lafayette Avenue, Brooklyn, N. Y., has the following *Journals* which may be had if postage is paid: 1919, December; 1920, complete except June; 1921, complete; 1922, complete except July and August; 1923, complete except March and April.

Miss Laura M. Burnett, 805 W. Orange Street, Urbana, Ill., will give the following *Journals* if transportation is paid: 1919, complete except January, February and April; 1920, 1921, 1922, complete; 1923, all but February, March, April, May; 1924, complete except November and December.

Harper Hospital, Detroit, Mich., have for sale, 1902, August; 1906, October, November; 1907, February, August, December; 1908, February, March, June, July, September, October, November.

#### NURSING IN SIAM

"The nursing situation in Siam is particularly interesting because it is the result of effort directed from the inside; the Siamese themselves have gone out to seek training in order to come back and carry on the work in their own country," says Alice Fitzgerald in the *World's Health*, "and it is inevitable that these efforts will be crowned with success."

"In admitting young women to the training schools for nurses in Siam, it has been extremely difficult to set any definite standards as to education or age because until now the custom has been for young women to remain in their homes until they marry." It is from the Presbyterian Mission Schools that the five foreign-trained nurses now working in Siam were graduated.

## "THE NURSE QUESTION"

### THEY SAY THAT:—

1. There is a shortage of nurses in the private duty field; too many calls are going unanswered.

2. Nurses are losing or have lost the desire to take care of the sick. They are shirking the simple duties of nursing.

3. Nurses have lost the spirit of service that inspired our pioneers.

4. Nurses' charges are too high. The average householder cannot afford the care he needs. One newspaper editor states that nurses get "their living in addition to salary."

5. Nurses are unwilling to participate in any group nursing plan.

### WE SAY THAT:—

1. A shortage in any profession usually indicates there are more attractive openings in other fields. Take the monotony, the "blind alley" elements, the lack of social and cultural life, the uncertain income, out of private duty work; give the nurse a little home life, a few of the things women are getting in other professions, and one major cause of the flow of private duty nurses into other fields will stop.

Get the hospital administrator, the physician, the family, to release the private duty nurse when the patient could get along without her, and another major cause of the nurse shortage would be removed.

2. Nurses are as interested in nursing the sick as they ever were. Notice the nurses in the wards of a hospital or in the visiting nurse field where the task at hand is straight nursing and not being lady's maid or companion or any one of a dozen other things. The nurse reacts to the conditions that frequently surround the private duty care of the sick—not to the nursing itself.

3. The spirit of service in nursing shines as steadily today as it did in the days of our pioneers. The nurse has seen, however, too many of her sisters rendered unfit for any duty after 15 or 20 years of work. Society has accepted the sacrifice, but it has made no provision for the care of these women. The

effort on the part of the nurses today to extend their usefulness to society over a longer period of time and at the same time to continue to maintain themselves, through a demand for reasonable hours and better conditions, is not only reasonable but is sound economically.

4. The average individual in business or a profession works 275 days a year. The unusually busy private duty nurse can work 300 days a year, though the average, we believe, is considerably below this. Multiply this by the \$5, \$6 and \$7 fees the nurses are charging, add to it the price of the two or three meals a day that the newspaper editor calls our "living," and the sum total is not the astounding figure it is so often imagined to be. Subtract from it the losses from unpaid or partly paid bills—a loss that the nurse cannot make up by charging her wealthier patients a higher fee, and you find the private nurse's net income comparing unfavorably, in terms of actual hours on duty, with all but the most unskilled labor groups.

5. The nurse does not desire to make her charges a burden on the householder. She does sympathize with his economic situation. She believes, however, that as society has provided for certain types of nursing needs through organized visiting nursing so should it provide organized hourly nursing and organized group nursing for the family of moderate means.

Successful group nursing can be done only when it is agreed upon by everyone concerned,—the patient, the doctor, the hospital administrator and the nurse. Sporadic efforts in group nursing have not all been successful because the proper team spirit was not first developed. It is admitted that nurses need quite as much education in this regard as do the other groups. Though she has been known to set herself against the group nursing idea, it is believed that organized effort on the part of the nursing profession and all other groups concerned will develop a broader appreciation of the value of group work.

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL LEAGUE OF NURSING EDUCATION

The Thirty-first Annual Convention of the National League of Nursing Education was held at the Nicollet Hotel in Minneapolis from May 25 to May 30. The Nicollet, a new hotel, with its spacious ballroom and other large and comfortable rooms for board and committee meetings, dinners and luncheons, its ample accommodations for all attending members and guests, made a physical setting, saving much in both time and energy.

The registration totalled three hundred and six persons, one hundred and sixty-eight guests and one hundred and thirty-eight members.

The formal opening session took place Monday evening, May 25. It seemed especially fitting that the address of welcome should be given by Dr. Richard Olding Beard. Laura R. Logan, the President, responded, sketching into her message an interesting historical account of the meeting of the organization. Other general sessions included one on the subject of "Inspection in Schools of Nursing," another on that interesting phase of the curriculum, "Teaching Psychology in Schools of Nursing" and "Teaching Sociology in Schools of Nursing," the latter by Professor William L. Bailey, Northwestern University, Chicago, Illinois, with a further paper on "How the Library Serves the Hospital and Schools of Nursing," all of which presentations offered considerable essence for thought. At the Instructors' Section Session, Georgina Lommen, Director, Training School, State Teachers College, Moorhead, Minnesota, in an address of unusual interest on "Some New Tendencies in Educational Methods," compared the old and new ways of approach to teaching and learning as concerned with the development of the individual and society. A paper on "Teaching and Learning through Experience" completed this most profitable session.

At the round table meetings such vital subjects as "Teaching of Diet Therapy," "The Nursing Care of the Isolated Patients," "Summer Courses and Institutes," were discussed. An open session conducted by the Education Committee included an interesting paper un-

der the caption of "To What Extent Can Public Health Nursing Be Incorporated in the Undergraduate Curriculum," followed by a "Preliminary Report on the Place of the Nurse and Nursing Service in the Dispensary."

The Minnesota State League dispensed with its regular annual institute this year because of the National Meeting in the State, and conducted instead, for the benefit of national visitors as well as local members, a series of demonstrations of nursing procedures for three days of the Convention.

An enumeration of session topics necessarily presents only a partial picture of the Convention. Did the papers and addresses on the program and the discussion they brought forth represent immediate and urgent elements in nursing education? Were these papers instructive and constructive, and was there evidence of new ideas launched and new activities projected? Perhaps the best answer to these questions was the reaction and expression at the closing business session, resulting in the appointment of the following committees to report back to the organization in the coming year: a committee for the study of content and time which the nurse student should have in the nursing practice of Communicable Diseases, including Tuberculosis; a committee to confer with a like committee of the National Organization for Public Health Nursing concerning a study of Midwifery; a committee to confer with a committee from the American Nurses' Association with respect to the private duty nursing field and the preparation of the nurse therefor; a committee to study in coöperation with the National Organization for Public Health Nursing the proper utilization of Public Health Agencies as fields for experience in the program of the undergraduate education of the nurse.

So far only the actual happenings of the Convention sessions have been recorded. This meeting in Minneapolis will equally be remembered for the delight and charm of its entertainment. The formal opening session included a rare concert by the Minneapolis Symphony Orchestra, conducted by Henri Verbruggen. A delightful tea given by Mrs. A. R. Colvin at her home, a banquet at which



nearly three hundred were present, rides through a country abounding in natural beauty, luncheons and dinners with the happiness of again meeting old friends, the sense which comes from attending sessions, stimulating and worthwhile, will make the 1925 Minneapolis Convention one long to be remembered.

The officers and directors elected were as follows: President, Carrie M. Hall, Boston, Mass.; first vice president, Mary M. Pickering, San Francisco, California; second vice president, Marion Vannier, Minneapolis, Minn.; secretary, Ada Belle McCleery, Evanston, Ill.; treasurer, Marion Rottman, New York, N. Y.; directors, term expiring 1927, Laura R. Logan, Chicago, Ill.; Helen Wood, Rochester, N. Y.; M. Helena McMillan, Chicago, Ill., and Isabel M. Stewart, New York, N. Y.

ADA BELLE MCCLEERY,  
Secretary.

#### AMERICAN NURSES' ASSOCIATION

On May 14, L. E. Feldmahn, Director of the Russian Red Cross (old organization) called at the Headquarters office of the American Nurses' Association presenting a letter of introduction from Rachel Torrance, Director of the School for Nurses at Sofia, Bulgaria, in which she requested coöperation with Mr. Feldmahn in his mission to the United States, which is to interest groups and individuals in supplying a limited amount of financial assistance in the work of taking care of the Russian refugees now located in Sofia.

A conference was held with Mr. Feldmahn, including Blanche Pfefferkorn, Executive Secretary of the League; Ada M. Carr, editor of the *Public Health Nurse*; Mary M. Roberts, editor of the *Journal*; Frances Brink, Field Secretary of the National Organization for Public Health Nursing and Agnes G. Deans, Director of Headquarters of the American Nurses' Association, at which time Mr. Feldmahn gave a very vivid picture of existing conditions.

"There are about 35,000 refugees in Bulgaria and of this number there are 2,418 invalids, half of whom are handicapped by loss of arm or leg and, in some cases, both. For the past five years the Russian Red Cross has been doing everything possible to help these refugees get back into civilian life and

to assist them in becoming self-supporting. Two hospitals, a dispensary and a children's home are maintained by the Russian Red Cross in Sofia, and among these refugees there are about 200 Russian nurses. The Russian Red Cross has a small boarding house for them. It helps them, too, in getting private nursing work, recommends them to the Bulgarian Red Cross service, where they are accepted only through the R.R.C. About forty have been accepted in the Sofia hospital and in the province where they are highly appreciated. Twenty nurses work in different Russian institutions of the R.R.C. and others. The most difficult problem of the R.R.C. is that of the invalid nurses (wounded during the great war or ill after their prolonged difficult work), who are absolutely incapable of work. There are 40 of them and their fate must be the subject of our special care. They require complete protection, food, lodging and nursing. Our experience tells us that what concerns the others, the most efficacious support is to help them only in urgent cases. Such moments occur very often: the nurses live with their earnings from one day to the other. Even a temporary interruption in work, some misfortune, an illness requiring hospital treatment,—all these situations claim our help.

"An acute need is felt by all the nurses without exception for clothing and shoes, as even those who are well off, owing to the low salaries in Bulgaria, have no means to buy them. This concerns in a great measure too the nurse working in the Russian institutions where they are paid even less than in the Bulgarian hospitals. It must be mentioned in conclusion that our nurses did not remain inactive in the self-organization. We engaged them to organize in order of mutual help an association which depends upon the Central Association of Russian Nurses abroad, seat at Paris, and which showed a very efficacious activity at Sofia and Varna. It ought to be helped by providing the nurses with some outfits, necessary for their private work, such as—hypodermic needles, thermometers and operating room aprons."

The most helpless among the Russian nurses in Bulgaria are:

L. S.—Kharkoff Congregation, graduated in 1915. Wounded 7 times and twice contused.

Owing to the heavy wounds, suffers epileptic fits and has consumption.

A. S.—Odessa Congregation, graduated in 1877; an old invalid who took part in the Turkish War of 1877.

A. T.—Novotsberkask Congregation, graduated in 1917. A very bad case of consumption. She is a young girl.

A. K.—St. Nicholas Moskow Congregation; graduated in 1914. Tuberculosis of the spine and lungs.

S. M.—St. Alexander Congregation, graduated in 1903. Tuberculosis and insane.

A. S.—Sixty-two years old, St. George Congregation; an old invalid.

L. L.—St. Nicholas Congregation, graduated in 1911. Wounded several times. Consumptive.

M. K.—St. George Congregation in Piatigorsk, graduated in 1914. Seriously wounded at the head and left leg.

These invalids could be taken care of by the Russian Red Cross at the rate of \$5 a month.

The representatives at the Headquarters of the three national nursing organizations suggested that the above information be presented to the Advisory Council of the American Nurses' Association at its meeting on May 23, at Minneapolis, Minnesota. Following the presentation of the facts to the Advisory Council the members present (representing Connecticut, Iowa, Massachusetts, Michigan, Minnesota, Nebraska, New York and Wisconsin) consented to present the situation to their several state associations and suggested that the information submitted be sent to the *American Journal of Nursing* and *Public Health Nurse* for publication. In the event that any of the other State Associations are sufficiently interested, it is advised that all contributions which may be made for the relief of the Russian nurses who are refugees in Sofia be sent to Arthur L. Richmond, care State Street Trust Company, Copley Square, Boston, Mass.

In January, the Finance Committee of the American Nurses' Association submitted a budget based on the same amount of receipts as for 1924, at which time only about half of the State Associations had paid dues for 1925, so that the budget was only a tentative one.

It was not until June 1 that dues from all member organizations were received and the following report from the Finance Committee is based on total receipts for 1925:

The Finance Committee of the American Nurses' Association submits the following revised report for the year 1925, based upon the action of the Board of Directors at their meeting held in New York in January of this year.

The estimated income from all sources for the year 1925 is \$40,709.03 and the following recommendations for expenditures are made:

A—General Expenditures: 1. Expenses of directors at board meetings, \$2,500; 2. Expenses of sections' and committees, \$600; 3. Publicity, \$100; 4. Contribution to Hospital Conference and Library Bureau, \$200; 5. Rent of room for directors' meetings, \$100; 6. Contingent fund for president, \$500; 7. Delegate to International Convention, \$600; 8. Miscellaneous, \$200.....		\$5,800.00
B—Special Expenditures: 1. For reserve fund to be created by the organization, \$5,000; 2. Grading of Schools of Nursing, \$5,000; 3. Reserve to meet the expenses of the biennial convention of 1926, \$2,600.....		12,600.00
C—Headquarters .....		15,000.00
D—Field secretaries, May 1 to Dec. 31 (8 months) .....		3,200.00
E—International Congress of Women in Washington, D. C. ....		125.00
F—National League of Nursing Education for Placement Bureau .....		1,719.96
Total .....		\$40,444.96
B. M. HENDERSON, Chairman, V. LOTA LORIMER, LOUISE R. SHERWOOD.		

Elise W. Van Ness, a graduate of the University of Minnesota, has been appointed the Publicity Secretary at the Headquarters office and will assume her duties on September 1. Miss Van Ness comes to the staff at Headquarters with considerable experience in publicity work in connection with magazines and organizations and she will devote her time to

preparing such material as may be needed for publicity purposes of the American Nurses' Association.

## NURSES' RELIEF FUND

## REPORT FOR MAY, 1925

Balance on hand, April 29, 1925...	\$19,411.90
Interest on bonds.....	130.32
Interest on bank balance.....	12.36

## Receipts.

California: Dist. 4, \$22; Dist. 5, \$167.50; Dist. 6, \$30; Dist. 7, \$4; Dist. 8, \$28; Dist. 9, \$23.50; Dist. 10, \$7; Dist. 11, \$49; Dist. 12, \$15; Dist. 19, \$42.50.....	388.50
Connecticut: St. Francis Hospital Alumnae Assn., Hartford.....	50.00
Illinois: Michael Reese Alumnae Assn., \$50; by 68 of Michael Reese graduates (in memory of Mary Morris and E. Dean Smith), \$107; one individual, \$1	158.00
Iowa: Dist. 2, \$38; Dist. 8, \$40...	78.00
Kentucky: Eastern District Assn.	25.00
Massachusetts: Emerson Hosp. Alum. Assn., Jamaica Plain....	25.00
Michigan: Dist. 2, \$6; Dist. 13, \$17; Dist. 14, \$2.50; Kalamazoo Dist., \$12 .....	37.50
Minnesota: Dist. 3, Asbury Hosp. Alum. Assn., \$22; St. Andrew's Hosp. Alum. Assn., \$14; Fairview Hosp. Alum. Assn., \$34; Abbot Hosp. Alum. Assn., \$20; Hillcrest Hosp. Alum. Assn., \$37; Etta Paul (commission received on <i>Journal</i> subscriptions, \$7.75; one individual, \$3.....	137.75
New Hampshire: Ten members, Keene Alum. Assn., \$10; Beacon Hill Hosp. Alum. Assn., Manchester, \$6 .....	
New York: Dist. 1, Deaconess Hosp. Alum. Assn., Buffalo, \$25; Dist. 4, Student Body, Hosp. of Good Shepherd, Syracuse, \$50; Dist. 7, Utica State Hosp. Alum. Assn., \$25; Dist. 9, Samaritan Hosp. Alum. Assn., Troy, \$50; St. Peter's Alum. Assn., Albany, \$10; Dist. 13, St. Vincent's Alum. Assn., New York, \$25; three in-	16.00

dividuals, \$7; Dist. 14 Assn., \$200; Long Island Cottage Hosp. Alum. Assn., \$25.....	417.00
Washington: Seattle .....	183.00
Wisconsin: Dist. 2, \$32; Dist. 3, \$103.50; Dist. 4 and 5, \$24; Dist. 9, 19 individuals, \$23; Dist. 10, \$2.50; Graduate Nurses of Jefferson County, \$10.....	195.50

Total receipts ..... \$21,265.83

*Note.*—In the report of the April receipts which appeared in the June *Journal*, the amount from the Farrand Training School should have been credited to District 1 instead of to District 11.

## Disbursements

Paid to 68 beneficiaries.....	\$1,015.00
Printing .....	140.65
Exchange on checks.....	.55
Interest received on American Nurses' Assn. Nurses' Relief Fund Savings Account transferred to that account .....	12.36
Money order received from Wisconsin returned by bank on account of date.....	7.00

Total disbursements ..... 1,175.56

Balance on hand, May 29, 1925...	\$20,090.27
Balance in American Nurses' Association Nurses' Relief Fund Savings Account .....	5,025.10
Invested Funds .....	83,531.14
	\$108,646.51

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For

application blanks for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

#### NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION

The fourth convention of the New England Division of the American Nurses' Association was held in Boston on June 3 in the Auditorium of the John Hancock Building, which proved to be well adapted for the purpose. There was a good attendance—nearly four hundred—in spite of the very hot weather.

The members were welcomed to Boston by Dr. David L. Edsall, Dean of Harvard Medical School.

The Program Committee, under the leadership of Grace P. Haskell, Superintendent of the Wentworth Hospital, Dover, N. H., gave an excellent program, as follows:

*Wednesday afternoon.*—The Place Mental Nursing Should Occupy in the Nurses' Training was presented by Dr. Charles H. Dolloff, Superintendent of the New Hampshire State Hospital. This paper was discussed by Anna K. MacGibbon, Butler Hospital, Providence, R. I. How, in a Training School of Thirty-five, Would You Arrange to Take the Nurses in Classes," was presented by Betty Eicke, Superintendent of Nurses, Lawrence General Hospital, Lawrence, Mass. Is It Advisable to Have Any Part of a Three Years' Course Devoted to District Work? was presented by Elizabeth Ross, Superintendent of the Newton, Massachusetts, Public Health Association. Dr. Robert D. Kerr, Executive Secretary of New Hampshire Tubercular Association, presented a paper on Tuberculosis in Children. At 4 p. m. there were demonstrations at the Peter Bent Brigham Hospital: Lumbar Puncture and Gynecological Positions. At 4:30, tea was served by the Peter Bent Brigham Hospital Alumnae. At the evening session addresses were given by the President, Mary M. Riddle, and by Dr. Elliot P. Joslin, on The Nurse and the Diabetic.

*The Thursday forenoon* program included five-minute reports from the presidents of the six New England states, and a symposium on Rural and Public Health Nursing. Papers on this subject were presented by J. C. Johanson, of Maine; Zephrien Lupine and Elenz

Crough, of New Hampshire; and Elizabeth E. Cain, of Vermont. There was also an address by Mrs. Mary A. Hickey on The Nursing Service of the Veterans' Bureau. At noon, there was a Round Table for the state and local Red Cross Committees, conducted by Clara D. Noyes, American Red Cross. At the afternoon session, Miss Noyes gave an address on Red Cross Nursing Work and Dr. Edwin H. Place, of Boston, presented a paper on Immunity for Contagious Diseases, from the Standpoint of the Nurse. At 4:30, tea was served at the Faulkner Hospital by the Nurses' Alumnae. At 8:00 p. m., the members assembled in Symphony Hall to enjoy the New England Division Nurses' night at the "Pops." A very fine program was rendered.

*On Friday forenoon* there were papers on The Community Hospital in Rural Districts, by F. H. English; and School Nursing, by Julia Wilkinson. Peace Under the War System was presented by Rev. Lewis Purdum, of Dover, N. H. At noon, round tables were held as follows: Private Duty, conducted by Persis L. Arey; League of Nursing Education, conducted by Sally Johnson; Public Health Nursing, conducted by Helen Fowler. The afternoon session was devoted to business. A collection for the benefit of the disabled Russian nurses was taken; \$65 was received.

The report of the tellers declared the following officers elected: President, Sally Johnson, Boston, Mass.; vice president, Lucy C. Ayers, Woonsocket, R. I.; secretary, Esther Dart, Cambridge, Mass.; treasurer, Ednah A. Cameron, Concord, N. H.

The convention adjourned to meet in Rhode Island in 1927.

On Friday evening following the convention a banquet was held at the Copley Plaza Hotel, at which the members from other states were the guests of the Massachusetts State Nurses' Association. Mary M. Riddle, the retiring President, presided. The response from Maine was given by Mrs. Jane Prevost, of Portland; from New Hampshire, by Mrs. Ethelyn Dutcher Jenkins, of Concord; from Vermont, by Mrs. Joseph W. Blakeley, of Montpelier; from Rhode Island, by Anna K. MacGibbon, of Providence; from Connecticut, by Mary Grace Hills, of New Haven; and from Massachusetts, by Sally Johnson, of Boston. The



chief speaker of the evening was Edward E. Whiting of the *Boston Herald*.

#### NORTHWEST DIVISION OF THE AMERICAN NURSES' ASSOCIATION

Many of the delegates who attended the Washington State Convention in Walla Walla, went on to Boise, Idaho, to attend the biennial convention of the Northwest Section of the American Nurses' Association. Although the Idaho State membership is only fifty nurses, nothing was left undone that could have been done for the delegates and guests. Montana was unable to send a delegate, but Oregon, Washington and Idaho were all well represented. The reports from the different states were encouraging. Oregon reported having overcome great difficulty with state nursing laws. Prominent among the subjects for discussion were the advantages given at the University of Washington, available to all of the nurses of the Northwest, notable among these is the Institute to be given in July. Prominent educators from the East are on the programme as well as many of the University of Washington professors.

The Northwest Section was invited to meet in Oregon in 1926. The following officers were elected: President, Grace Phelps, Portland, Ore.; vice president, Louise Gerrish, Boise, Idaho; secretary, Mrs. Celia Satterwhite, Seattle, Wash.

#### THE ISABEL HAMPTON ROBB MEMORIAL FUND

##### REPORT TO JUNE 8, 1925

Previously acknowledged .....	\$29,711.84
California: Humboldt County Nurses' Assn., \$5; Los Angeles County Nurses' Alumnae Assn., \$10 .....	15.00
Connecticut: St. Francis Hospital Nurses' Alum., Hartford .....	25.00
District of Columbia: Sibley Memorial Hospital Alum. Assn., \$5; one individual, \$10 .....	15.00
Indiana: University Nurses' Alumnae, Seymour .....	25.00
Kentucky: Jefferson County Graduate Nurses' Club, Louisville, \$10; Western Dist. Assn. of Registered Nurses, \$25; Deaconess Hosp. Alum., Louisville,	

\$5 .....	40.00
Massachusetts: Chester Hospital Nurses' Alumnae, Cambridge, \$5; Suffolk and Norfolk Branch, \$15; Noble Hospital, Westfield, Nurses' Alumnae, \$5 .....	25.00
Missouri: Fourth Dist. Assn., Springfield .....	1.00
New Hampshire: Elliot Hosp. Alum. Assn., Manchester .....	5.00
New Jersey: Dist. 2 Assn., Paterson .....	25.00
New York: Dist. 14, Assn. of the Counties of Long Island .....	10.00
Oregon: Dist. 3 Assn., Salem .....	5.00
From sale of photographs .....	21.16
	<hr/>
	\$29,924.00

#### THE McISAAC LOAN FUND

##### REPORT TO JUNE 8, 1925

Balance, May 8, 1925 .....	\$445.84
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##### Receipts

California: Humboldt County Nurses' Assn., \$5; Los Angeles County Hosp. Nurses' Alum., \$10 .....	15.00
Connecticut: St. Francis Hosp. Alum., Hartford .....	25.00
District of Columbia: Sibley Memorial Hosp., \$5; one individual, \$5 .....	10.00
Indiana: University Nurses' Alum., Seymour .....	10.00
Massachusetts: Norfolk and Suffolk County Branch, \$15; Noble Hospital Alum., Westfield, \$5 .....	20.00
Missouri: Fourth District Assn., \$1 .....	1.00
Oregon: Dist. 3 Assn. ....	5.00
	<hr/>
Total receipts .....	\$531.84

##### Disbursements

May 15, Loan .....	\$200.00
May 19, Loan .....	200.00
	<hr/>
Total disbursements .....	400.00
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Balance .....	\$131.84

Contributions to these two funds are solicited from nursing organizations and from

individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

#### ARMY NURSE CORPS

During the month of May, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Benjamin Harrison, Ind., 2nd Lieut. Mildred L. Slaughter; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Maude M. McKinney, Margaret Lydon; to General Dispensary, New York City, 1st Lieut. Frances M. Steele; to Station Hospital, Fort Leavenworth, Kan., 2nd Lieut. Ruby E. Boothe; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. Blanche H. Eager; to Station Hospital, Fort Monroe, Va., 2nd Lieut. Hannah A. Johnston; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieut. Adeline P. Boren; to Stanford University, Palo Alto, Calif., 2nd Lieut. Maidie E. Tilley; to Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Edna D. Umbach.

Nine 2nd Lieutenants have been admitted to the Corps and assigned to stations.

Second Lieut. Bessie Potts has been transferred from the Reserve to the Regular Corps.

Orders have been issued for the separation from the service of the following named: Hanna L. Barnett, Wilhelmine Berdine, Katherine Burns, Hazel Decker, Emma F. Devitt, Julia McKeen, Ada Moore, Mary Alice Ryland, Margaret C. Wang.

SAYRES L. MILLIKEN,

*Captain and Acting Superintendent, Army Nurse Corps.*

#### NAVY NURSE CORPS

During the month of May, 1925, five nurses were appointed and assigned to duty in Naval hospitals.

*Transfers:* To Canacao, P. I., Laura M. Gibson, Nellie M. Skinner, Annie Leighton; to Charleston, S. C., Susie I. Fitzgerald, Chief Nurse; to Chelsea, Mass., Alice B. Newcomb; to Great Lakes, Ill., Adele Scudder, Nelle Snow, Grace B. Vestal; to Guam, Josephine Corbett, N. Eva Wolfe, Jennie Jaeger; to Mare Island, Calif., Mazie D. Sowell, Mary

M. Pare, Allene M. Templeton, Edith M. Ahlstrom; to New York, N. Y., Katherine M. Leary, Olive M. Houghton, Olive I. Riley; to Norfolk, Va., Violet S. Gass, Chief Nurse; to Puget Sound, Wash., Mary F. Spencer; to Quantico, Va., Estelle I. Williams, to San Diego, Calif., Marie J. Kane, Mary E. Hand, Chief Nurse; to Tutuila, Samoa, Mary G. Boyce, Lulu B. Wright; to Washington, D. C., Nelle M. Alexander, Anna G. Keating, Ruth Murray; to Washington, D. C., Dispensary Navy Department, Rose E. Walker.

*Honorable Discharge:* Ethel T. Lawrence.

*Resignation:* Katherine M. Kleinhenz.

J. BEATRICE BOWMAN,

*Superintendent, Navy Nurse Corps.*

#### U. S. PUBLIC HEALTH SERVICE

The following transfers, reinstatements and new assignments have been made in the U. S. Public Health Service during the month of May, 1925:

*Transfers:* Minnie P. Goodwin, Chief Nurse for temporary duty, Beatrice Redman, Pauline Senter, Letitia Kennedy, Ida Seright, to Portland, Me.; Evelena Garcia, to Baltimore, Md.; Rhoda Mason, to Boston, Mass.; Emily Schmitz, to Cleveland, O.; Freda Stilli, to Hudson Street, New York City; Caroline Ruehman, to New Orleans, La.; Eleanor Dillon, to Vineyard Haven.

*Reinstatements:* Martha Metzendorf, to Stapleton, N. Y.; Ella Stein, to Baltimore, Md.; Ferol Cornellson, Louisville, Ky.; Irving Brown, to Ellis Island, N. Y.; Margaret Rowan, to Evansville, Ind.; Alma Cabiness, Key West, Fla.; Anaise Carlos, New Orleans, La.; Evelyn Coleman, to Pittsburgh, Pa.; Emmalou Barnes, St. Louis, Mo.; Nell McEchern, Savannah, Ga.; Virginia Dulin, Norfolk, Va.

LUCY MEINIGERODE,

*Superintendent of Nurses, U.S.P.H.S.*

#### UNITED STATES VETERANS BUREAU NURSING SERVICE

*Assignments* for the month of May, 1925, in the Hospital Service, 56; in the Field Medical Service, none.

*Reinstatements:* Anna Coffey, Winona B. L. Kutzbleb, Cora B. Stein, Adeline Kunz, Zola M. Clark, Sara M. Cassel, Anne McDermott, Christine K. Pfeffer, Sallie M. Hunt, Inga J. Qually, Mildred Metz.

*Transfers:* To Washington, D. C., Ruth E. Metcalfe, Bess L. Petty, Lurline S. Hunt; to Maywood, Ill., Anna C. Winn, Mrs. Irene A. Gregg; to New Haven, Conn., Lillian R. Reifsnider; to Perry Point, Md., Etta M. Harnish; to Camp Custer, Mich., Della M. Fannin; to Burlington, Vt., Mary C. Fagan; to Sheridan, Wyo., Margaret McIvor, Nettie J. Heyer, Lucy Hardwick, Imogene Abby; to N. Little Rock, Ark., Nellie Bauldry; to Muskogee, Okla., Anna M. Stover; to Kansas City, Mo., Mabel M. Hagle; to Wichita, Kans., Margaret Coyne; to Fort Bayard, N. M., Josephine M. Bartz, Mary Kelly; to Excelsior Springs, Mo., Alma A. Houser; to Waukesha, Wis., Mildred Weber; to Portland, Ore., Katherine Popkes; to Castle Point, N. Y., Mary Pearse; to Tucson, Ariz., Eileen McCarthy; to Livermore, Calif., Ethena H. Scott.

MARY A. HICKEY,  
*Superintendent of Nurses.*

#### THE INTERNATIONAL CATHOLIC GUILD OF NURSES

From May 31 to June 6, there was held at Spring Bank, Okauchee, Wis., a notably interesting and successful retreat and conference for the Guild. The beautiful property at Spring Bank, recently acquired to be held in trust for the International Guild, the Catholic Hospital Association, and the Marquette Laymen's Retreat League, was the scene of the retreat and conferences. The exercises of the retreat, conducted by Reverend Edward F. Garesché, S.J., lasted two and one-half days and at its conclusion an afternoon of recreation and sociability was arranged, to allow the delegates to register and become acquainted.

On June 4, 5 and 6, a most notable program was carried out, the general subject being, "Nursing Opportunities." (The program was printed in the June *Journal*).

The attendance at the conference according to the official registration exceeded one hundred. The following officers were elected: President, Kathryn McGovern, Minneapolis; vice presidents, Mary Sullivan, Aberdeen, S. D.; Marcella T. Heavren, New Haven, Conn.; corresponding secretary, Frances E. O'Donnell, Toledo, O.; recording secretary, Rose Harten, New York City; treasurer, Evelyn Shea, Blue Island, Ill. Committees

were appointed as follows: Art, guild-house, membership, publicity, retreats, sodality, auditing and entertainment. The membership now exceeds 600 and represents 200 cities in the United States besides members in Canada, Ireland and Scotland. Requests have come from Hungary, Australia and the island of Ceylon for permission to establish local groups. It was resolved that the following activities be made the program for the coming year: minimum objective membership, 2,400; minimum endowment fund, \$6,000; the development of regional conferences; the organization of local groups. Applications for membership should be sent to 124 13th Street, Milwaukee, Wis. Non-Catholic nurses are eligible for Associate members.

#### HOSPITAL LIBRARIES

A Hospital Libraries' Round Table will be held on July 6 in connection with the annual conference of the American Library Association, Seattle, Wash., July 6-11; chairman, Perrie Jones, of St. Paul, Minn. The meeting is open to all hospital people interested in libraries.

#### AMERICAN HOME ECONOMICS ASSOCIATION

The eighteenth annual meeting will be held in San Francisco, August 1-6, at the Fairmont Hotel.

#### UNITED STATES CIVIL SERVICE APPOINTMENTS

Applications will be received for Graduate Nurse (Visiting Duty) and for Trained Nurse (Psychiatric). Information and application blanks may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. civil service examiners at the post office or custom house in any city.

**Alabama: Dothan.**—THE MOODY HOSPITAL TRAINING SCHOOL held graduating exercises for a class of eight. The baccalaureate address was given by B. G. Farmer, Sr., the diplomas were presented by Dr. E. F. Moody. The Nightingale Pledge was taken by the students. Following the exercises the public was invited to a reception at the hospital, where a historical pageant was given.

**California: Los Angeles.**—ST. VINCENT'S

**HOSPITAL SCHOOL OF NURSING** held graduating exercises for a class of 14, on May 12, in St. Vincent's Auditorium. The address to the class and the presentation of diplomas by Rt. Rev. Msgr. J. Cawley, was followed by a dramatic entertainment by members of the student body, *The Spirit of Nursing*, presenting the history of nursing and the spirit which at different periods animated the profession. After the exercises the class enjoyed a dainty banquet arranged by Sister Mary Ann, followed by a theater party given by the student nurses. **San Francisco.**—The graduation of the 1925 class of forty students from **STANFORD UNIVERSITY SCHOOL OF NURSING** was made further jubilant by the announcement of the gift of \$5,000 to Stanford University trustees for the School of Nursing. This establishes what will be known as the "Charles W. Willard Scholarship," the income from which is to be used for advanced study in administrative or public health nursing, or social work, by graduates of the school.

**Colorado: Denver.**—**THE MERCY HOSPITAL SCHOOL OF NURSING** held graduating exercises for a class of 13, on May 6, in the hospital chapel. The class recited the Nightingale Pledge. Right Rev. J. Henry Tihen, D.D., presented the diplomas and gave an address. The Chapel exercises were followed by a program in the Assembly Hall of the Nurses' Home, at which Dr. Aubrey H. Williams addressed the class. On May 7, the Sisters of Mercy gave a dinner to the graduating class, which was followed by a theater party at the Orpheum.

**Connecticut:** Margaret Tracy (Army School of Nursing) has been appointed an instructor at the Yale School of Nursing.

**District of Columbia: Washington.**—**THE ARMY SCHOOL OF NURSING** held graduation exercises for a class of 41, June 5, in the Formal Garden, The Army Medical Center. Major General Merritte, W. Ireland, The Surgeon General, addressed the class. **THE DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION** held its last meeting until September, May 21, at Children's Hospital. The question of including additional subjects in the curriculum of the Central School of Nursing was discussed and referred to a committee for study and recommendation. After the busi-

ness session, Minnie Goodnow, Superintendent of Nurses, Children's Hospital, gave a most interesting account of her visit to hospitals during her European trip, mentioning particularly, the City Hospital, Cairo, Egypt. A social hour followed.

**Idaho:** **THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES** held its annual meeting on May 5, when the following officers were elected: President, Beatrice Reichert, Boise; vice presidents, Florence Anderson, Urania Sturdevant; secretary, Barbara Williams, St. Luke's Hospital, Boise; treasurer, Johanna Caseberg, Blue Triangle House, Boise. Louise Gerrish has again been appointed State Inspector of Schools, by the Department of Law Enforcement.

**Illinois: Chicago.**—**THE SOUTH SHORE HOSPITAL** held graduating exercises for a class of 10, at Windsor Park Lutheran Church. As a parting gift to the hospital, the graduating class gave a receiving crib for the birth room. The annual dance was held May 7, the Alumnae banquet on May 23, at the Southmoor Hotel. **East St. Louis.**—**ST. MARY'S HOSPITAL SCHOOL FOR NURSES** held its second annual graduating exercises for a class of 14, May 19, in St. Henry's Auditorium. Addresses were given by Bishop Henry Althoff, Rev. F. H. Bergman, chaplain, and Dr. Joseph Beykirch. Edna Schmieder was valedictorian. Following the presentation of diplomas by Bishop Althoff, the graduates took the Nightingale Pledge. On June 4, St. Mary's Alumnae Association was organized and 21 members were enrolled. The following officers were elected: President, Sister M. Stephanica; vice presidents, Ceal Chapman, Mary Smith; secretary, Viola Wilbret; treasurer, Genevieve AuBuchon. **Macomb.**—**THE EIGHTH DISTRICT ASSOCIATION** met on May 6, at the Commercial Club. After a musical program, an address was given by Dr. Mildred Van Cleve, on Mental Hygiene, followed by a business meeting, after which an informal supper was enjoyed. **Moline.**—**THE LUTHERAN HOSPITAL SCHOOL FOR NURSES** held graduating exercises for a class of 7, May 12, at Trinity Lutheran Church. The Alumnae entertained the class at a banquet, May 11, at the Black Hawk Watch Tower Inn. **Monmouth.**—**THE MONMOUTH HOSPITAL**



held graduating exercises for a class of 4, May 15, in the First Lutheran Church. Dean Frank Phillips of Monmouth College, gave the address. John Lugg, mayor of Monmouth, presented the diplomas. A banquet in honor of the graduating class was given by the Alumnae, May 13. Forty-six nurses were present. **Peoria.**—THE SEVENTH DISTRICT held a meeting on June 5, in the Japanese Tea Room in Bradley Park. The program was in charge of the Public Health Section and included music, dancing, and a most interesting address on the care of crippled children by Jessie Stevenson of the Visiting Nurse Association, Chicago. This is the first entertainment sponsored by the Public Health Section and well repaid those who came from several counties. The August meeting will be held in Pekin. THE METHODIST HOSPITAL held graduating exercises for a class of 9, on May 12, which was the twenty-fifth anniversary of the hospital. Lucy A. Hall, one of the first superintendents of the hospital and the first field secretary, was present. The baccalaureate sermon was given on May 3; on May 6, the alumnae banquet was held. This was a home-coming for all of the graduates of the hospital who could attend. From May 5 to 12 was given to entertainments in honor of the graduating class. **Quincy.**—THE BLESSING HOSPITAL held its thirty-first commencement exercises for a class of 8, on National Hospital Day, May 12, at the First Congregational Church. An address on National Hospital Day was given by Rev. Harry L. Meyer. Mary C. Wheeler of Chicago, who had formerly been a superintendent of the hospital for ten years, spoke inspiringly to the class. Judge S. B. Montgomery, president of the Board of Trustees, presented the diplomas.

**Indiana:** THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES elected the following officers: President, Edith G. Willis, Good Samaritan Hospital, Vincennes; secretary, Clare E. Brook, 333 State House, Indianapolis; educational director, Mrs. Alma H. Scott, 333 State House, Indianapolis. **Fort Wayne.**—THE FORT WAYNE LUTHERAN HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises May 20, for a class of 22. Rev. Fred Randt, St. Paul, Minn., and Dr. J. W. Bowers, Fort Wayne, gave the addresses. Rev. H. C. Leuhr, secre-

tary of the Hospital Association, presented the diplomas; the badges and a set of instruments, the gift of the Hospital Ladies Aid Society, were presented by Anna M. Holtman, superintendent. **Indianapolis.**—Commencement exercises were held in the gymnasium at the City Hospital, June 19, for seventeen nurses. The Alumnae gave a banquet to the class on June 17. THE METHODIST EPISCOPAL HOSPITAL held commencement exercises for forty-three nurses at the Methodist Episcopal Church, June 7. A short address was given by Rev. Mathew F. Smith of the First Presbyterian Church. Dr. George M. Smith, superintendent of the hospital, presented the diplomas. Many parties were given for the class by the alumnae and friends. Mary Van S. McCoy, who has been with the Rockefeller Foundation, Peking, China, for the past five years, has returned and is visiting friends.

**Iowa:** THE IOWA STATE LEAGUE OF NURSING EDUCATION in coöperation with the STATE UNIVERSITY OF IOWA, COLLEGE OF MEDICINE, SCHOOL OF NURSING, SCHOOL OF PUBLIC HEALTH NURSING and the EXTENSION DIVISION, held its third annual institute in Iowa City, May 7 and 8. The address of welcome was given by Dr. Bert W. Caldwell, University of Iowa, Hospital Economy and Buying. A visit to Psychopathic Hospital with demonstrations by Dr. T. P. Brennan was followed by a luncheon at Youde's Inn. At the afternoon session the speakers were: Dr. Ruth Wheeler, Significance of Nutrition in the Training of a Nurse; Jane McLaughlin, Delivery Room Clinic; Lois B. Corder, Training School Records and Division of Time for Practice. The program closed with a musical at Westlawn, by the Students' Organization of the University of Iowa School of Nursing. On May 8, the program opened with demonstrations at the University Hospital at the afternoon session. Dr. Mark L. Floyd spoke on Communicable Diseases in Childhood, and Mary E. DeLaskey on Isolation Technic in the Home. **Keokuk.**—ST. JOSEPH'S HOSPITAL graduates who have taken postgraduate courses recently have taken appointments: Madeline Stevenson, floor duty at Barnes Hospital, St. Louis; Catherine Schneider, floor duty at St. John's Hospital, Springfield, Ill.; Genevieve Datin, position of

X-ray technician in Keokuk; Eva Biery is laboratory X-ray technician at Harbor Beach Hospital, Harbor Beach, Mich. **Ottumwa.**—**ST. JOSEPH'S HOSPITAL** held graduating exercises for a class of 5 on Hospital Day, May 12, in the Academy auditorium. The address was given by Dr. W. E. Anthony and the diplomas were presented by Rev. J. A. Glenn. A banquet was given by the Sisters to the graduating class, the alumnae and the speakers. On May 11, the alumnae entertained the class with a banquet at Hotel Ottumwa.

**Kansas: Topeka.**—**CHRIST HOSPITAL ALUMNAE** held their annual meeting on June 1, at the Hospital. Officers elected are: President, Nellie Williams; vice presidents, Zara Simpson, Elizabeth Pearson; secretary, Mrs. Vere Cooper; treasurer, Anna Kidd.

**Kentucky: Lexington.**—**THE GOOD SAMARITAN HOSPITAL** held graduating exercises for a class of 9 for 1924, and for 11 for 1925, on June 9, at Maxwell Presbyterian Church.

**Louisiana:** The semi-annual examination of the **NURSES' BOARD OF EXAMINERS** was held on May 25, 26, in New Orleans and Shreveport. There were 95 successful applicants, including three from colored nursing schools.

**Maine: Lewiston.**—**THE CENTRAL DISTRICT NURSES' ASSOCIATION** held its regular meeting May 9. The speaker was Elizabeth Fox, National Director, Red Cross Public Health Nursing Service, Washington, D. C. Delegates were appointed to attend the New England Convention. A luncheon was enjoyed by the officers of the Central District, Central Maine General and St. Mary's Hospital Alumnae Associations. **Portland.**—**THE CHILDREN'S HOSPITAL ALUMNAE** held their annual meeting and banquet June 10, at the Columbia Hotel. It was well attended. The business meeting was opened by the president, Mrs. Ivy Cox. It was voted to discontinue the meetings through the summer months, the next meeting being the second Tuesday in September at the Nurses' Home. The following officers were elected: President, Helen R. Lewis; vice presidents, Mrs. Ivy Cox, Ida S. Bore; secretary, Barbara Mackinnon; treasurer, Bertha Phillips.

**Maryland: Baltimore.**—**THE JOHNS HOPKINS TRAINING SCHOOL FOR NURSES** held graduating exercises for a class of 64, on May

28. The annual report was given by Elsie M. Lawler. The address was by Dr. Joseph B. Howland, Boston; scholarships were awarded by Hon. Henry D. Harlan, president of the Board of Trustees of the Hospital; diplomas by Dr. Winford H. Smith.

**Massachusetts:** **THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION** held its regular monthly meeting in May, in the Town Room Library, Boston, on the 9th. Dr. Derric C. Parmenter talked on *The Personality of the Nurse*. The meeting on June 13 was held in Lawrence, on the invitation of the Lawrence Industrial nurses. A luncheon was held at the Pacific Print Works, followed by a visit to the Middletown Tuberculosis Sanatorium and to one of the large factories. A dinner was given at the Merrimac Valley Country Club, the Mayor being the principal speaker. **THE WESTERN MASSACHUSETTS INDUSTRIAL NURSES' CLUB** held its May meeting in the Chamber of Commerce rooms, Springfield, May 21. Miss Blackfan, Social Service Worker of Christ Episcopal Church, spoke very interestingly of her work. **Boston.**—**THE DEPARTMENT OF NURSING OF THE BOSTON UNIVERSITY SCHOOL OF EDUCATION** is the result of an affiliation between certain departments of the University on the one hand and the School of Nurses of the Massachusetts Homeopathic Hospital on the other. Instruction in cultural subjects will be given in the appropriate departments of the University, while courses in laboratory sciences will be given in the Medical School. The practical experience in nursing and the necessary theoretical instruction will be given at the Massachusetts Homeopathic Hospital. This includes a five-year course. **Fall River.**—**THE UNION HOSPITAL** held graduating exercises for a class of 21, in Temple Hall, on May 26. The address was given by Mary S. Gardner of Providence. A reception followed. One of the graduates was a daughter of the treasurer of the Alumnae Association, the first daughter of an alumna to graduate. **Greenfield.**—**THE FRANKLIN COUNTY PUBLIC HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION** bought two memorials in the \$300,000 building and endowment fund campaign for the hospital conducted during the week of June 4. The new buildings will consist of a nurses' home, and a wing for the hospital which will include

a maternity section and a children's department. The nurses' memorials are to be, a \$1,500 room in the nurses' home, to be known as the Nurses' Visitors' Room, and an \$1,800 room in the hospital for the nurses who are on special duty, as their sitting room.

**Jamaica Plain.**—**FAULKNER HOSPITAL NURSES' TRAINING SCHOOL** held graduating exercises for a class of 12, May 21. Charles J. Nichols, chairman of the Board of Trustees, presided. The address was given by Dr. C. Macfie Campbell. **Lawrence.**—**THE LAWRENCE GENERAL HOSPITAL** held graduating exercises for a class of 21, May 15, at Trinity Congregational Church. The address was given by Mrs. Lucy Jenkins Franklin, Dean of Women, Boston University; diplomas were presented by Mrs. Wilbur E. Rowell, president of the hospital. The graduating class repeated the Florence Nightingale pledge. **Northampton.**—Mrs. Alice Cleland, superintendent of **COOLEY-DICKINSON HOSPITAL AND SCHOOL OF NURSING** for the past eleven years, has resigned, effective July 1.

**Michigan: Battle Creek.**—On June 8, at Olivet, President Paul F. Voelker of Olivet College conferred the honorary degree of Mistress of Liberal Arts upon Mary Staines Foy, Director of the School of Nursing, Battle Creek Sanitarium and Hospital, in recognition of her forty years' service as a nurse interested in the welfare of others. **Detroit.**—**THE DETROIT LEAGUE OF NURSING EDUCATION** held its monthly meeting at the Clara Ford Nurses' Home of the Henry Ford Hospital, June 11. The program was a report of the National League meeting held recently in Minneapolis. Katherine Kimmick was the hostess for a social hour, during which time the members had an opportunity to see the Home. **THE DETROIT DISTRICT ASSOCIATION** held its monthly meeting at the Highland Park Hospital, Highland Park, June 4. Mrs. Arthur C. Cramer spoke about What Women Are Thinking. W. A. Armstrong, Travelling Passenger Agent of the Canadian Pacific Railway, showed stereopticon slides of various trips to the Pacific Coast. Mrs. L. F. Tufts, Superintendent of Nurses, was the hostess at a delightful social hour following the program. **THE FARRAND TRAINING SCHOOL ALUMNAE** held a regular monthly meeting on June 9,

at McLaughlin Hall. The Bed Endowment Fund for Sick Nurses is a constant topic of interest. A new departure is the plan to publish in September a news letter which will include items of interest to the Alumnae, and also act as a notification for the meetings. **THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL** entertained the 1923 graduating class of 41 members at a theater party at the Bonstelle Playhouse, May 8. A reception was held at the Helen Newberry Nurses' Home following the Community Commencement Exercises, May 14. Dr. Robt. J. Palmer, the class sponsor, gave a dinner in their honor, at the Detroit Yacht Club. This class published a very interesting year book. The 1923 and 1924 graduates held a reunion at the Helen Joy Vacation House, Elba Island, Grosse Isle, June 27. The protégé of the Grace Alumnae, a Chinese student, at Terchow, Shantung, took honors in the recent N.A.C. Board examination in China. **Flint.**—**HURLEY HOSPITAL** held commencement exercises for a class of 12, June 2, in the auditorium of Flint Senior High School. A reception followed the exercises. **Grand Rapids.**—**ST. MARY'S HOSPITAL TRAINING SCHOOL FOR NURSES** held graduating exercises for a class of 17, May 26, in the St. Cecilia auditorium. Rev. Patrick Dunn, Detroit, gave the address; Rev. E. D. Kelly, Bishop of Grand Rapids, assisted by Dr. William A. Hyland and Dr. O. H. Gillette, presented the diplomas. On Hospital Day, members of the medical staff, graduate nurses and others, gathered at the rear of the present hospital and held exercises fitting to the breaking of the ground for the new structure of the first wing of the Greater St. Mary's Hospital.

**Minnesota: A TUBERCULOSIS INSTITUTE FOR NURSES** was held June 15-19, under the joint auspices of the General Extension Division, University of Minnesota, Hennepin County Tuberculosis Association, Glen Lake Sanatorium, and the Nursing Section of the National Tuberculosis Association, at the University of Minnesota, Minneapolis. The meetings opened with Address of Welcome, by Elias P. Lyon, M.D., University of Minnesota. At the afternoon session, a general discussion of Analysis of Home Care in Tuberculosis Nursing was held. Some of the subjects were: The History of Tuberculosis and Functions of the Nurse in the Home Care and

Supervision of Tuberculosis Patients, Allen K. Krause, M.D., Baltimore, Md.; an Analysis of the Instruction that Should Be Given by the Nurse to a Tuberculosis Patient and His Family, Mrs. Theodore Sachs, Chicago. A demonstration of the Bedside Care of a Tuberculous Patient, was given. In the evening there was an excursion through the Lymanhurst School for Tuberculous Children and Allen K. Krause, M.D., spoke on The Tuberculosis Problem: The Present and Future. At the morning session, June 16, papers were: The Conduct of a Rural Program in Tuberculosis Nursing, Jean Houston, Manitoba; Evaluating and Handling Social Problems, Marion Tibbets; What May the Graduate Nurse Do To Keep up with Modern Developments in Tuberculosis Work? L. Grace Holmes, Portland, Ore., followed by discussions. At the afternoon session subjects discussed were: The Need for Nurses with Special Training, Allen K. Krause, M.D.; The Responsibility of the Large School of Nursing in Providing Instruction and Experience in the Care of Tuberculosis Patients, Mrs. Elizabeth Soule, Seattle, Wash.; The Responsibility of the Small School, Mrs. O. E. Erickson, Duluth, Minn. A ride around the lakes was taken, followed by dinner and dancing. The third day of the institute was spent at Glen Lake Sanatorium. The introductory talk, The Modern Sanatorium Treatment of Tuberculosis was given by E. S. Mariette, M.D., Superintendent of the Sanatorium. A tour of the main building followed. A demonstration, Giving of Exercises, was given by H. S. Boquist, M.D., the resident physician and F. L. Jennings, M.D., demonstrated Pneumothorax with an explanation of Thorocoplasty and other Surgical Procedures. An inspection of the Children's Building followed. In the afternoon J. H. Bendes, M.D., gave a talk and demonstration on Heliotherapy; Beatrice Lindberg spoke on Occupational Therapy. June 18, Morning: A meeting of the Nursing Section of the National Tuberculosis Association and a luncheon for Institute nurses. In the afternoon a general discussion was held, subject, Methods of Public Education in Tuberculosis. Discussions were held on Publicity in the Public Health Field, Philip P. Jacobs, New York; Methods of Popular Education in Tuberculosis, Bernice Billings, Bos-

ton, Mass. In the evening the nurses' dinner for all nurses attending the Conference was given, with a talk on The Part of the Nurse as a Connecting Link between the Home and the Sanatorium, by Anna Drake. Following, a public meeting was held. The morning of the last day was given over to a meeting of the Sociological Section of the National Tuberculosis Association; in the afternoon the Nursing Section held a meeting. Duluth.—THE SECOND DISTRICT ASSOCIATION held its annual meeting on May 8, at the nurses' home of St. Luke's Hospital. About sixty were present. The following officers were elected: President, Augusta Jones; vice president, Louise Schneller; secretary, L. Louise Christensen, Nopeming; treasurer, Rachael Nyberg; directors for two years, Sister Stella, Louise Newcomb; directors for one year, Mrs. Madeline Bradford and Minnie Cann. The annual dues were raised one dollar, making them \$4.50. A musical program and refreshments were enjoyed after the business meeting. Duluth was represented at the National League Convention by six members. Carrie Eppley, formerly a member of Second District, is now in charge of the nursing at River Pines Sanatorium, Stevens Point, Wis. ST. MARY'S HOSPITAL graduated a large class of nurses. The usual entertainment and festivities accompanied the occasion. Graduating exercises for a class of 20, at ST. LUKE'S HOSPITAL were held, May 21. A reception was held at the nurses' home following the graduating exercises. The graduating class of St. Mary's Hospital entertained the graduating class of St. Luke's Hospital. Minneapolis.—THE SWEDISH HOSPITAL SCHOOL OF NURSING held graduating exercises for a class of 38, on June 2, at Augustana Swedish Lutheran Church. Red Wing.—The annual graduating exercises of ST. JOHN'S TRAINING SCHOOL were held on May 20 at St. John's Lutheran Church. A class of nine were graduated. On May 19, the junior class entertained the graduating class at a banquet held at the Boxrud Tea Rooms. On the afternoon of May 20, the alumnae held their annual picnic which was very largely attended. The graduating class also took part in the picnic. Rochester.—ST. MARY'S SCHOOL OF NURSING held graduating exercises for a class of 48, on June 2, at the Metropolitan Theater. The graduating



class was entertained, May 1, with a dance by the Graduate Nurses' Club; May 5, a dinner by the Class of 1926; May 12, the Alumnae reception at Mayowood; May 19, on board the North Star as guests of Doctor and Mrs. W. J. Mayo; the baccalaureate sermon was given May 31. **St. Paul.**—The Public Health Nurses of St. Paul and Suburbs have organized the St. Paul Unit of the State Organization for Public Health Nursing. The object is to stimulate interest in public health. Anyone interested may join and may obtain further information by telephoning or writing to Calla Clemens, Division of Hygiene, City Hall, St. Paul. **BETHESDA HOSPITAL** held graduating exercises for a class of 20 at the Gustavus Adolphus Church, April 14. A reception followed the exercises. The Alumnae gave a banquet to the class at the Athletic Club on April 15, with an attendance of 75, a picnic at Phalen Park on June 1. **St. JOSEPH'S ALUMNAE** held a Home-coming Banquet on May 14, in the nurses' dining hall which proved most successful. Twenty-eight classes were represented; 160 members were present, including three from the first class, that of 1896. The Alumnae president and the president of the 1925 class gave addresses. The toast, Our Faculty, was a tribute to what the members owe to Mother Bernardine. An informal dance followed.

**Missouri: Hannibal.**—National Hospital Day was observed by both **St. ELIZABETH'S HOSPITAL** and **LEVERING HOSPITAL**. St. Elizabeth's Hospital held a reception under the direction of the Ladies' Auxiliary and the public was invited to inspect the hospital. The Ladies' Auxiliary of Levering Hospital kept "open house." In the evening, graduating exercises for a class of five were held in the Nurses' Home. The address, The Joy of Service, was given by Rev. Franklin Riley Poage; pins and diplomas were presented by Dr. J. N. Baskett. A banquet at Hotel Marion was given the graduating class by the Nurses' Alumnae. During the banquet, Anne F. Pritchett spoke of the Red Cross; Grace K. McWilliams spoke on Ethics and Mrs. A. H. Tucker (nee Nina Shelton) who was in service overseas spoke also. **Kansas City.**—**GRACE HOSPITAL** held graduating exercises for a class of six, on May 12, in Calvary Baptist Church. A baccalaureate address was given

by Rev. Mr. Day on May 10. The graduation was followed by a reception and dance.

**Nebraska: Lincoln.**—**St. ELIZABETH'S HOSPITAL** held graduating exercises for a class of 13, on May 17, in Knights of Columbus Hall. Addresses were made by John W. Delehant, Beatrice, and by Hon. Adam McMullen, Governor of Nebraska. Diplomas were presented by Bishop Petrasch. **Omaha.**—**CREIGHTON MEMORIAL-St. JOSEPH HOSPITAL** held graduating exercises for a class of 25, June 6, at Creighton University Gymnasium. **NICHOLAS SENN HOSPITAL** held its thirteenth annual commencement for a class of thirteen on June 3, in the Assembly room of the nurses' home. The address was given by Judge L. B. Day of the Juvenile Court. A luncheon was given the class by Mrs. Condon. On June 4, the Alumnae held their banquet at the Brandeis Tea Room. The members of the Graduating Class were entertained. Dancing and a musical program followed. Vera Connolly, president of the Alumnae, gave a talk, also Josephine Dorsey, superintendent of nurses. Ena Wenzl, president of the class, responded.

**Nevada:** THE NEVADA STATE BOARD OF NURSE EXAMINERS will hold its examination for certificate as registered nurse, July 8 and 9, in Reno. Applications for this examination must be filed with Mary E. Evans, secretary, 631 West Street, Reno.

**New Jersey: Camden.**—THE WEST JERSEY HOMEOPATHIC SCHOOL OF NURSING held graduating exercises, June 2, at the Broadway Methodist Episcopal Church, for eight members. On May 19, the Intermediate class acted as hostesses to the graduating class, at a theater party, followed by a dinner given at the Nurses' Home. On May 28, the Senior class held Class Day exercises on the lawn of the hospital. Class history, prophecy and will were read, after which a one-act playlet, The Old Maids' Association, was given by the class. On June 4, the Alumnae entertained the class with a dinner, followed by a dance. **Morristown.**—At the annual meeting of the **MEMORIAL HOSPITAL ALUMNAE** the officers elected were: President, Mrs. Joseph J. Speck; vice president, Agnes J. Rauter; treasurer, Mrs. John Romaine; secretary, Florence Savage. The Alumnae gave a picnic on June 1 for the benefit of the endowed room.

Newark.—THE HOSPITAL FOR WOMEN AND CHILDREN held graduating exercises on May 26, for a class of 12. Paterson.—THE PATERSON GENERAL HOSPITAL ALUMNAE held their annual meeting, June 2, and elected: President, Isabelle C. Young; vice presidents, Genevra Clark, Mrs. Mary Schoonmaker; secretary, Jessie A. Soutar; corresponding secretary, Anna Wylie; treasurer, Mary E. Riley. St. JOSEPH'S HOSPITAL held graduating exercises for a class of 13, on May 12, in the High School. Following the exercises, a dance was held in the Entre Nous Lyceum. Dr. Thomas A. Dingman, chief of the hospital staff, gave his annual dance for the graduating class and their friends on April 30. THE PATERSON GENERAL HOSPITAL ALUMNAE ASSOCIATION held a card party on the afternoon of April 16. Over \$300 was realized. The Association gave its annual dance to the graduating class on May 19. The Public Health Building which was opened for public inspection on Hospital Day is the new health center, and is one of the finest in the state. Plainfield.—MUEHLBERG HOSPITAL held its thirtieth anniversary and graduating exercises for a class of 9, on June 11, at the Hartridge Auditorium. Dancing followed the exercises. Spring Lake.—THE ANN MAY MEMORIAL HOSPITAL held graduating exercises for a class of 10 on June 3 in the Spring Lake Community House. Judge Rulif V. Lawrence, Freehold, Mrs. Lewis R. Thompson, Red Bank and Rev. R. Conklin, Asbury Park, were the speakers of the evening. Dr. James F. Ackerman, President of the Board of Trustees, administered the Hippocratic Oath; Mrs. Charles W. Day, President of the Board of Managers, gave a short talk and presented the diplomas. The Alumnae gave a reunion and dance to the graduating class, June 1. Nurses from far and near attended, among them was one from California. The following officers were elected: President, Ida C. Rose; vice president, Edna O'Brien; secretary, Helen Brueckner; treasurer, Charlotte Johnson. Sue Wonderly, class of 1924, received the highest average of any nurse who took the state examinations last fall. Trenton.—MERCER HOSPITAL held commencement exercises for a class of six at the Gregory School, June 8. The address was given by Florence M. Johnson, New York County Chapter American Red

Cross. The pins and diplomas were presented by Horace B. Tobin. On May 29, a dance was given by the Alumnae in honor of the class at the Country Club. On June 6 a picnic was given to the class at Asbury Park, N. J., and on the Sunday following, June 7, a baccalaureate sermon was given at the Prospect Street Presbyterian Church. On June 10, the class of 1926 entertained the class at a dinner dance at Hill Wood Inn, and on June 11 the class of 1926 gave a play entitled Katie's New Hat, for the class of 1925, and they also gave a one act play depicting the class prophecy, the class history was read by a member of the graduating class. This informal class evening was followed by light refreshments and dancing.

New York: Albany.—An institute under the auspices of The Hudson Valley League for Nursing Education assisted by The State Education Department was held April 20-24. Special emphasis was laid upon the teaching of practical nursing. Classes in the various sciences were held, which were followed by those in nursing principles correlating with the special science and these in turn were followed by demonstrations. Round Tables on the Teaching of Hospital Housekeeping, Supervisors as Teachers and Results of State Board Examinations were especially helpful. The committee felt very fortunate in having on the program Annie W. Goodrich, Isabel M. Stewart and Jean Broadhurst, who imparted much inspiration to the occasion. Doctor Whitley from Teachers College gave a most interesting and helpful talk on The Application of Psychology to the Instruction of Student Nurses. A question box was in evidence during the entire week and proved to be an aid to the many who participated. About 250 attended the Institute, many of these registering for the entire course. A number of pupil nurses, many supervisors and several members of training school boards were among the registrants besides the usual number of instructors and superintendents. The institute was a success financially, as the fees charged covered expenses and left a small balance toward the next Institute. The Hudson Valley League wishes to thank all who contributed to the success of the Institute, both by taking part in the program and in the interest and enthusiasm displayed. Brooklyn.

—THE BROOKLYN HOSPITAL held graduating exercises for a class of 43, at the Academy of Music, May 12. The address was given by Rev. Francis Little, Rector of Grace Episcopal Church. **Canandaigua.**—THE FREDERICK FERRIS THOMPSON HOSPITAL held graduating exercises for a class of 14, in the Congregational Chapel, May 28. A reception at the Nurses' Home followed the exercises. Rev. Clinton Wunder gave the address. Entertainments for the class, which was the largest ever graduated, included a picnic by the Intermediates, a wiener roast by the Juniors, trips to Oakmont, Sodus and Manchester, a dinner and theater party in Rochester given by the doctors and their wives, and a movie party. The alumnae banquet was held on May 27 at the Canandaigua Hotel. The Alumnae paper, *The Kraemerian*, was given out at the banquet. The paper is published twice a year and is of great interest to the members. A representative from each class since 1910 attended the banquet, except the class of 1911, and a letter from Camilla B. Sale, of that class was received. **Clifton Springs.**—THE CLIFTON SPRINGS SANITARIUM AND CLINIC held graduating exercises in the chapel on June 11, for a class of 12. Dr. J. J. Johnston, of Pittsburgh, gave the address. Judge Sutherland presented the diplomas. The class repeated the Nightingale Pledge. Dancing followed the exercises. On June 12, the Alumnae gave a banquet for the class. Each graduate was presented with a *Journal* subscription by the Alumnae. **New York.**—THE COMMUNITY HOSPITAL SCHOOL FOR NURSES held graduating exercises for a class of 14, May 20, in the ballroom of the Hotel des Artistes. The school report was given by Jessie P. Allan, who has built up the school from a very small number to a class of forty members. An excellent address on the History of Nursing and Florence Nightingale was given by Mrs. Samuel J. Kramer, Regent, Washington Chapter, D.A.R. The Florence Nightingale pledge was administered by Dr. J. Hudson Storer. Diplomas and excellency awards were presented by Dr. William H. Diefenbach, President of the Medical Board, and Elsa A. Lawrence, Superintendent of the Hospital. Short addresses were given by Doctor Diefenbach, Doctor Storer, Rudolph Orth and Arthur E. Hoag. A reception and dance fol-

lowed the exercises. **THE FIFTH AVENUE HOSPITAL** held graduating exercises for a class of 27, at the Heckscher Foundation for Children, May 27. **CITY HOSPITAL SCHOOL OF NURSING** held graduating exercises for a class of 28, June 4, at the Nurses' Home, Welfare Island. **THE METROPOLITAN HOSPITAL SCHOOL OF NURSING** held graduating exercises on May 28 at the School, Welfare Island. Loraine G. Dennhardt, Director of Education, Bellevue, has accepted the position of Superintendent of Training School and Director of Nursing, in the school established by the International Health Board, at the Hospital of San Francisco de Assiss, Rio de Janeiro, Brazil, and will commence her duties August 1. Christine Nuno, who returned a year ago from service with the Red Cross and Near East Relief in Greece, and who has spent the winter at Teachers College, expects to sail in August for Japan. Under government auspices Miss Nuno is to develop health education in the schools. Miss Nuno will be sent by the Episcopal Board of Foreign Missions. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its annual meeting on June 2 and elected as officers: President, Hazel Jennings; vice presidents, Elizabeth Copeland, Anna Cummings; secretary, Lillian A. Reed; treasurer, Gladys Mann; directors, Mary Harriman, Elizabeth Gallery. The fourth annual combined graduating exercises of the schools of nursing of ROCHESTER GENERAL, HOMEOPATHIC AND HIGHLAND HOSPITALS were held in Convention Hall, May 26, when eighty-six nurses received diplomas. The address was given by Dr. George Sherwood Eddy, of the Y. M. C. A. Diplomas were presented by Mrs. Hiram W. Sibley, Mrs. Hiram R. Wood, Mrs. Edward A. Webster, representing the three hospitals. **ROCHESTER STATE HOSPITAL SCHOOL OF NURSING** held graduating exercises for a class of six, June 12. The address was given by Mary F. Laird; the diplomas were presented by Eugene H. Howard, M.D. A reception and dancing followed the exercises. **Syracuse.**—Eva M. Muirhead, for the past four years Superintendent of the Cortland County Hospital, has been appointed Superintendent of the Hospital of the Good Shepherd. **Utica.**—Graduating exercises were held by the **UTICA HOMEOPATHIC HOSPITAL** for a class of 8, **UTICA STATE HOSPITAL** for a class



of 3, FAXTON HOSPITAL for a class of 11, May 26, in the Free Academy Assembly Hall. The address was given by Everett S. Elwood, Director, National Board of Medical Examiners, the Florence Nightingale oath was administered by Alice Shepard Gilman, Secretary, State Board Nurse Examiners, the diplomas were presented by Dr. Richard H. Hutchings. Following the exercises a reception was held in the First Presbyterian Church Community House, with dancing. The RED CROSS ENROLLMENT dinner was given on May 1, in the ball room of Hotel Utica; 186 nurses were present. The Senior classes of the Schools of Nursing of St. Luke's, Faxon, Homeopathic, St. Elizabeth and Rome City Hospitals were the guests of the alumnae of the respective hospitals. Clara D. Noyes, Washington, D. C., was the speaker of the evening and gave to those assembled the true meaning of the Red Cross Association. The address of welcome was given by Anna O'Neil, the first Red Cross nurse enrolled in this community, to which Miss Burns responded. Stella Jenkins acted as toastmistress and introduced the speakers. At the conclusion of the dinner, a huge cross of red carnations which had decorated one of the tables was placed by Miss Noyes and a group of nurses, at the foot of the tree which has recently been dedicated to Clara Barton by the Beacon Post Auxiliary. A tea at St. Luke's Hospital new Nurses' Home was given in honor of Miss Noyes, at which the Boards and Staffs of all of the Utica Hospitals were guests. DISTRICT 7, held its regular meeting, May 14, at the Rome City Hospital, as guests of the Alumnae. After the business was transacted, a delightful program was given, with an instructive talk on Czecho-Slovakia by Miss Hood, of Rome, N. Y., who had lived there until about two years ago. The March District meeting was held at Utica Homeopathic Nurses' Home. Martha Eakins spoke on Registration, answering many questions which have perplexed the nurses. Mr. Derbyshire gave a very interesting talk on Americanization. On May 25, a tea was given by the Utica Homeopathic School of Nursing Committee to the members of the graduating class and the seven members of the Preliminary class. Miss Harrison presented the eight members of the graduating class with school pins and the

Senior class "capped" the members of the Preliminary class.

**North Carolina:** THE COLORED GRADUATE NURSES' ASSOCIATION OF NORTH CAROLINA held its fourth annual session, May 7, in Durham, in the Royal Knights' Hall. After a talk by Mrs. C. E. Broadfoot, State President and the transaction of business, an address on Preparedness was given by Dr. C. H. Shepard, Superintendent of Lincoln Hospital, to which Mrs. Broadfoot responded. A general discussion followed. In the evening a meeting was held in Hillside High School Auditorium. Julia Latta was mistress of ceremonies. The address of welcome on behalf of the Medical Association was given by Dr. Clyde Donnell and was responded to by Miss M. D. Wheeler, Raleigh. The welcome address on behalf of the city was given by Mrs. S. L. Warren; the response, by Kathryn Corbett, Greensboro. Mrs. C. E. Broadfoot gave the President's annual address. Dr. Roscoe C. Brown, Durham, spoke on the Health of the Individual. Doctor Dumas, President of the National Medical Association, gave a short talk. May 8.—An address by Dr. W. C. Strudwick, on Alpine Light and its Uses; a paper on Communicable Diseases by Eunice Douglas was followed by a general discussion opened by Mrs. Cunningham, Winston. A paper by Blanche Hayes on Nutrition was followed by a discussion opened by the president. Many visitors were present; C. C. Spaulding of the N. C. Mutual Life Insurance Company said a few words on the development of negro enterprises. The president urged those not having local organizations, to go back home and organize. The following officers were elected: President, Mrs. C. E. Broadfoot; vice president, Blanche Hayes; secretary, M. L. Taylor; assistant secretary, Sadie Eaton; corresponding secretary, Eunace Douglas; treasurer, A. E. Saunders. The next meeting will be in Greensboro, in May, 1926. The visiting nurses were taken for an automobile ride to the N. C. Mutual Life Insurance building. After inspecting the building, the new Lincoln Hospital was visited. A reception was held in Royal Knights' Hall. **Sanatorium.**—THE NORTH CAROLINA SANATORIUM held commencement exercises for a class of six, May 21, in the auditorium. The address was given by Arch McEachern, President of the



Kiwanis Club, Raeford, the diplomas were presented by P. P. McCain, M.D., Dean of the school. A reception was held after the exercises.

**Ohio: Ashtabula.**—THE ASHTABULA GENERAL HOSPITAL held graduation exercises for a class of 9, May 18, in the ball room of Hotel Ashtabula. A reception and dance followed the program. The address was given by Prof. W. E. Wenner, Harbor High School; the Hippocratic oath was administered by Helen Bloomfield, Superintendent of the Hospital. On May 9, a banquet was given to the graduating class by the Hospital Alumnae.

**Cleveland.**—THE CITY HOSPITAL SCHOOL OF NURSING held graduating exercises for a class of 17, May 28, in the Auditorium of the hospital. The address was given by W. C. Hopkins, City Manager; diplomas were presented by Dr. Carl Hamann. A reception followed at the Nurses' Residence.

**THE FAIRVIEW PARK SCHOOL OF NURSING** held graduating exercises for a class of 11, May 28, at the Fourth Reformed Church. William Hiram Foulkes, D.D., addressed the class, the diplomas were presented by Rev. Henry Schmidt, the class pins by Edith Tunstead; the Nightingale pledge was taken by the Class. A reception followed.

**THE GLENVILLE SCHOOL OF NURSING** held graduating exercises for a class of 8, May 19, at the Glenville First Methodist Church. Addresses were given by Rev. Francis S. White and Elizabeth K. Smith. The diplomas were presented by Dr. R. T. Tarr and the pins by Mrs. Julia M. White.

**THE LUTHERAN SCHOOL OF NURSING** held graduating exercises for a class of 7, June 3, at the West Side Chamber of Industry. The Alumnae gave the class a banquet at the New Amsterdam Hotel on June 4, followed by an informal dance at the Nursing Center. On May 29, the Intermediate Class gave their entertainment,—a truck ride to Euclid Beach where a picnic supper was enjoyed. They were then taken to the circus grounds.

**MOUNT SINAI SCHOOL OF NURSING** held graduating exercises for a class of 24, May 21. The address was given by Robert E. Vinson, D.D., the diplomas, pins and scholarships were presented by Paul Feiss. A reception followed.

**ST. ALEXIS SCHOOL OF NURSING** held graduating exercises for a class of 12, May 14, at the Gilmore Council, Knights of Colum-

bus. The address was given by Rev. Father Leopold; the diplomas were presented by Rev. T. S. O'Reilly; the medals by Dr. Richard Dexter. A reception followed the exercises.

**ST. JOHN'S SCHOOL OF NURSING** held graduating exercises for a class of 13, June 2, at the Chamber of Commerce. Introductory remarks were made by Dr. John C. Placak. Rev. J. F. Smith gave the address to the graduates and conferred the diplomas. A reception followed the exercises.

**WESTERN RESERVE UNIVERSITY SCHOOL OF NURSING** held its commencement with the combined schools of the University on June 18 in the University gymnasium. One graduate of the five-year course and 35 graduates of the three-year course received diplomas. Activities for the class began on June 14 when the baccalaureate sermon was preached at the Church of the Covenant by Canon W. Thompson Elliott, of Liverpool, England. Following the Commencement Exercises, a luncheon was given to the class at the School of Nursing Building. In the afternoon, the ladies of the School of Nursing Board gave a reception at the Flora Stone Mather Hall, Lakeside Hospital. An interesting event took place at the Cleveland Nursing Center on June 5, when the Alumnae Associations of the Lakeside Hospital School of Nursing and the Maternity Hospital School of Nursing merged into the Alumnae Association of the Western Reserve University School of Nursing. At this meeting a constitution and by-laws were adopted and officers elected. President, Marion G. Howell; vice presidents, Carolyn Wuertz and Martha Linden; secretary, V. Sutton Hauxhurst; treasurer, Anne Massey. The Alumnae Dinner for the Graduating Class was held at the Hotel Cleveland on June 19. Miss McMillan, of the Presbyterian Hospital, Chicago, founder of the Lakeside School of Nursing, and Mrs. Chester C. Bolton, of Cleveland, were guests of honor. Dean Louise M. Powell, of the University School of Nursing, Nellie X. Hawkinson and Laura M. Grant, Assistant Professors, also Grace E. Allison and Lottie Darling, former principals of the Lakeside School of Nursing, were among the honor guests. **ST. LUKE'S SCHOOL OF NURSING** held graduating exercises for a class of 18 on June 12 at Epworth-Euclid Church. The address was given by Bishop Henderson.

Diplomas were presented by F. F. Prentiss. A reception followed. The members of the class were entertained by the class of 1926 at a dinner dance at the College Club, on May 29. On June 3, a picnic was given to the class by the faculty and supervising staff of the School at Mentor Beach. On June 6, the members of the class were entertained by the Alumnae at a luncheon at the Hotel Statler. Seventy-one were present, including Doctor Woods, Superintendent, and Miss McIntyre, Principal. On Saturday evening, June 13, the students and their friends were entertained at dinner at the Hospital, Doctor Woods as host. THE HURON ROAD SCHOOL OF NURSING held commencement exercises on June 4 in the hospital auditorium for a class of three. The address was given by Dr. L. C. Wright. The diplomas were presented by Charles A. Nicola; the pins by Miriam G. Shupp. A reception followed. COLUMBUS.—THE COLUMBUS ACADEMY OF MEDICINE held a meeting at the Franklin County Tuberculosis Sanatorium, May 18. The following branches of Public Health Nursing were represented: District work, Jennie L. Tuttle; Tuberculosis (city), Blanche Chenoweth; Schools, Carrie B. Elliott; City Health Department, Augusta M. Condit; Tuberculosis (county), Mrs. Aloysia Lawin; State Health Department, V. Lota Lorimer. DAYTON.—DISTRICT 10 held its May meeting at McCook Field. After a dinner, served to 68 members and guests, there was a tour of inspection of the field and a musical entertainment. A report of the State meeting was given. HAMILTON.—MERCY HOSPITAL SCHOOL FOR NURSES held graduating exercises for a class of 12, May 12, in the Hamilton High School Auditorium, marking the nineteenth anniversary of the establishment of the school. Hon. Warren Gard, presiding, spoke of the hospital's foundation; Bleeker Marquette, Cincinnati Public Health Federation, told of the part taken by the hospital in public welfare. Rev. Edward F. Garesche, St. Louis, Catholic Hospital Association, also spoke. John E. Northway, Chamber of Commerce, presented the diplomas and Mr. Fitton, the scholarships. On May 13, the Alumnae met. The following officers were elected: President, Loretta Karcher; vice president, Gladys Morgan; treasurer, Margaret Tappel; secre-

tary, Valora Dodds; auditor, Evelyn Trowbridge. In the evening a banquet was held at the Hamilton Country Club and dancing was enjoyed. DISTRICT No. 8 held a meeting at Mercy Hospital, May 25, when Dr. Clifford Stulmueller gave a short address. A business meeting followed. The Middletown Association extended an invitation for the September meeting to be held in that city. Miss Fagin and Miss Martin, who were delegates to the state convention, gave interesting reports. A social hour followed. LORAIN.—ST. JOSEPH'S SCHOOL OF NURSING held graduating exercises for a class of 9, May 12, the Intermediate and Junior nurses entertained the graduates with a "backward" party. On May 12, the hospital was open to visitors. The Ladies Auxiliary served tea in the new Nurses' Home, which has not yet been opened for inspection. May 14, the Alumnae gave the graduates a dinner and dance at the Country Club. Recently the Alumnae gave \$250 toward furniture for the Nurses' Home and \$115 for dishes for the nurses' dining room. WARREN.—DISTRICT 3 held one of the largest and most enjoyable meetings at ST. JOSEPH'S RIVERSIDE HOSPITAL. Eighty members attended. Catherine DeLaney, Registrar, read a paper and delegates from the Toledo convention gave reports, followed by music and luncheon. The next meeting will be a social one in the form of a basket picnic at Conneaut, July 19.

Pennsylvania: Allentown.—THE ALLENTOWN HOSPITAL held graduating exercises on May 21. Dr. Royal Copeland addressed the class. The alumnae gave the class a reception following the exercises. The Alumnae Association held its regular meeting on May 4. Members of the graduating class were guests. Among the donations recently made by the alumnae are: State Legislative Fund, \$41.50; American Nurses' Relief Fund, \$82. At the regular meeting a preferential ballot of names of four officers for the Pennsylvania State Association was formulated and sent to the district secretary. Minna Steyert presented an excellent paper on The Duties of a Public Health Nurse. Edith Davis spoke on The Spirit of the Alumnae Association. All graduates of the Allentown Hospital from 1901 to 1925 are invited and urged by the Alumnae to join in a grand reunion at Sand

Spring Park on July 11. All graduates who are not members of the Alumnae are urged to join in the festivities at the reunion. Chairmen were appointed from each class to get in touch with their classmates and every effort is being made to reach every one. Should anyone fail to receive her invitation, a word to Edith Davis, Allentown Hospital, is all that is required. The Secretary would appreciate receiving the very latest addresses. All are assured a warm welcome. At Sand Spring Park, Saturday, July 11. Meet at Nurses College, 1:30 p. m. **THE SACRED HEART HOSPITAL** held graduating exercises for a class of 15, May 26, in the Ambulatory of the Hospital. After the exercises a banquet was held in the gymnasium of the Nurses' Home. In the evening a dance was given at Traylor Hotel. The Alumnae held a dance on May 12 for the benefit of the hospital ambulance fund. **ALTOONA.**—**THE ALTOONA TRAINING SCHOOL FOR NURSES** held graduating exercises for a class of 15, May 21, at Jaffa Temple. The address was given by Rev. Mr. McGowan of the Shady Side Presbyterian Church, Pittsburgh. A banquet and dance followed the exercises. The Alumnae Association gave a banquet at the Logan House, May 19, in honor of the class. Helen F. Greaney, of Philadelphia, gave a splendid talk on The History of Nursing. Other guests were: Eva Wakefield, Presbyterian Hospital, Philadelphia, and Pauline Earlenburgh, City of Pittsburgh Hospital, Mayview. Music and dancing were enjoyed. **Clearfield.**—The regular monthly meeting of the **ALUMNAE ASSOCIATION OF THE CLEARFIELD HOSPITAL** was held at the Nurses' Home, June 6, with a very small attendance. A check for \$50 was given to the improvement fund of the nurses' home. In the last three months \$50 has been made from the sale of candy and \$57 from a card party. **Germantown.**—**THE GERMANTOWN HOSPITAL AND DISPENSARY** held graduating exercises for a class of 19, May 17, in the Church of the Redeemer, followed by a reception at the Nurses' Home. The Alumnae held its regular monthly meeting, May 12. Doctor Wilmers spoke on the Diagnosis and Treatment of Hay Fever and Asthma. A card party and dance were held on April 24 for the benefit of the Nurses' Endowed Bed Fund; \$200 was realized. **Philadelphia.**—

The second annual banquet of the **SAMARITAN NURSES' ALUMNAE ASSOCIATION** was held May 23 at the Benjamin Franklin Hotel. The affair was a great success; there were 129 present. The graduating class of twenty-one members were guests. The speakers were: Rev. Forest Deger, Chas. E. Buery, Emma Eschenboch and Elizabeth Miller. An entertainment followed. The various classes responded in a body to the roll call which included graduates from 1895 to 1925. Much regret was expressed over the fact that the Founder and President of Samaritan Hospital was too ill to be present. The regular meeting of the Alumnae was held May 26 in the Nurses' Home. Plans were made for the June meeting, the last until September. The graduating class will attend and will have charge of the program. The meeting will be held at the Widener Memorial School for Crippled Children. Plans were made to attend the opening of the new Hospital on June 18. **THE PROTESTANT EPISCOPAL HOSPITAL** held graduating exercises for a class of 25, May 14, in the Hospital Chapel, followed by a reception in the Nurses' Home. Dr. Richard S. Harte, chairman of the Committee of Administration, was the speaker of the evening. On May 15, the Alumnae entertained the class with a motor bus ride to the Dupont Gardens and dinner at Britton Lake Club. **THE SCHOOL OF NURSING OF THE HOSPITALS OF THE GRADUATE SCHOOL OF MEDICINE OF THE UNIVERSITY OF PENNSYLVANIA**, held graduating exercises for a class of 25, May 20, in the Amphitheater of the Medico-Chirurgical Hospital. An address was given by Dr. Ellen Potter, Director of the State Department of Public Welfare. The Alumnae Association entertained the class on May 21, at a dinner given at the Sylvania Hotel. The graduates of other years numbered 70. The last meeting of the Spring was held at Mrs. Beyer's home in Bucks County. Mrs. Hermann, Superintendent of Nurses at the Graduate School of Medicine, is leaving to take a position as Executive Secretary of the Graduate Nurses' Association of Pennsylvania. **Pittsburgh.**—At the June meeting of the Nurses Alumnae Association of the **ALLEGHENY GENERAL HOSPITAL**, the members were pleased to learn that more than \$500 had been cleared at the concert at Carnegie Music Hall by the Training



School Glee Club for the Training School Endowment Fund. Arrangements were completed for the Annual Picnic, June 24, at Riverview Park. **Pottstown.**—THE POTTS-TOWN HOSPITAL SCHOOL FOR NURSES held graduating exercises for a class of three, June 5, in the High School Auditorium. The baccalaureate sermon was by Rev. Richard Wells, Searles Memorial M. E. Church, May 21.

**Rhode Island:** THE RHODE ISLAND STATE ORGANIZATION OF PUBLIC HEALTH NURSES held its midsummer outing, June 4, at the State Sanatorium in Wallum Lake. On arriving, the members were met by Dr. Harry Barnes, Superintendent of the State Sanatorium for Tuberculosis, and with the aid of his associates the nurses were conducted through the institution. Following a brief business meeting, Frances V. Brink, Field Secretary of the National Organization for Public Health Nursing, made several helpful suggestions for the future work of the branch. Doctor Barnes gave an interesting talk on tuberculosis, showing X-ray plates of the various stages of the disease. The members were the guests of Doctor Barnes for dinner. **Providence.**—THE RHODE ISLAND HOSPITAL TRAINING SCHOOL FOR NURSES held its Commencement exercises in the service building of the hospital on the 20th of May. The speaker for the occasion was Mary S. Gardner, Director of the Providence District Nursing Association. Diplomas were awarded 59 nurses, being presented by United States Senator Jesse H. Metcalf, President of the Board of Trustees. Senator Metcalf announced that an addition to the present nurses' home is being considered by the hospital directors. The addition will provide for a large auditorium and other accessories now lacking at the hospital. Following the exercises the graduates were given a reception and luncheon. **THE HOMEOPATHIC HOSPITAL NURSES' SCHOOL** held its graduating exercises at the Plantation Club on May 11. Sally Johnson, Massachusetts General Hospital, addressed the graduates. Diplomas were awarded to six nurses. A charming informal reception was tendered to Edith J. L. Clapp on May 27 by the Board of the Hospital, in Froebel Hall, a delightful ending to her six years of efficient administration as superintendent. A wrist watch was

given her by the Board. Miss Clapp will, for a time, make her home in Philadelphia. **THE PRIVATE DUTY NURSES' CLUB** of Rhode Island held a character dance at the Plantation Club on May 25. The affair was well attended. It is the aim of the Club to raise funds for Club quarters. A class of five women and three men who have completed Butler Hospital training in the treatment of nervous disorders were graduated at the 30th annual exercises of its School for Nurses. Effie J. Taylor, of the Yale University School, gave the main address. Rathbone Gardner presented diplomas and pins. Edith Stevenson was awarded the Hazard Memorial prize. **ST. CAMELLUS GUILD FOR CATHOLIC NURSES** held its annual spiritual retreat at the Academy of the Sacred Heart, Elmhurst, June 11 to 14. **Pawtucket.**—MEMORIAL HOSPITAL graduated a class of 10 on June 2, the exercises being held on the hospital lawn. Dr. Arthur Ruggles made the address. Charles O'Read presented the diplomas and John Johnson, the pins.

**Tennessee: Chattanooga.**—THE CHATTANOOGA DISTRICT NURSES' ASSOCIATION held a meeting in the Hamilton Club Room, May 14. The president urged the committees to have reports ready for the State Convention to be held in Nashville, in October. Amy Tapping, representing the Child Health Association, spoke of the work being done by the Pioneer Nurse. **THE BARONESS ERLANGER HOSPITAL ALUMNAE ASSOCIATION** held its last meeting before adjourning for the summer months, at the home of Mrs. D. W. Dickson. A bridge party held for the benefit of sick nurses netted \$40. This was sent to a former graduate of the hospital, who has been ill for some time. Flowers and visits to sick nurses, were reported by the chairman of the Sick Committee. During the past two years the Alumnae Association has raised \$200 for the Relief Fund. The president urged the members to plan to attend the State Convention in Nashville next October. **THE WEST ELLIS TRAINING SCHOOL FOR NURSES** began its graduating exercises with the baccalaureate sermon by Dr. J. G. Venable, at the First Presbyterian Church, May 18. Exercises for a class of 10 were held at Chattanooga Hospital, May 19, Doctor West presiding. The address was given by Dr. E. E. Reisman; the diplomas were presented by Dr. G. M. Ellis.



**Knoxville.**—THE KNOXVILLE GENERAL HOSPITAL held graduating exercises for a class of ten.

**Texas:** The eighteenth annual convention of the GRADUATE NURSES' ASSOCIATION OF TEXAS convened at the St. Anthony Hotel, San Antonio, May 6-7-8. Rev. Arthur Houston gave the invocation. Addresses of welcome were given by Mr. Cobbs in place of Mayor Tobin and Rev. Fr. Sextant, who spoke on Service. Nelle Burlingame, of Houston, and Mrs. Grace Engblad gave the responses. The Secretary's report showed that the membership had increased from 1,117, in 1924, to 1,305 in 1925. The treasurer reported the treasury with plenty of funds. Reports from the *Journal* chairman showed a need of more subscriptions. The Relief Fund was better than last year and the Delano Fund showed a few had not forgotten it. The Legislative report given by Miss Dietrich showed that the G.N.A., through the Joint Legislative Council of Women, had sponsored the following legislation: 1. Sheppard Appropriation. Restored by Legislature, but mutilated by Governor. 2. Appropriation for Girls' Training School. Restored. 3. Appropriations for Public Schools. Passed and signed. 4. Regulating Whiskey Prescription. Lost in House. 5. Prison Survey. Amend Constitution for one head instead of three commissioners. Passed and signed. (b) Relocation of Prison System. Passed after filibuster against in Senate. Vetoed by Governor. 6. Educational Survey. Strengthening powers of County School Boards and providing for appointment of County Superintendent. Lost in House. (b) Continue Educational Commission. Passed and Signed. 7. Strengthening State Child Labor Laws. Passed and signed. Summary. Miss Dietrich thanked the Districts for sending representatives to the Legislature from their associations to help in this work. The Association pledged support to the Council for the next legislative program. By a unanimous vote it was decided not to cut the dues but to use the surplus for educational work, and the following were voted on: \$1,000 loan fund for Public Health Nursing courses; \$1,000 loan fund for instructors or Hospital Administration courses; \$100 to Nurses' Relief Fund; \$250 for two years to

Prison Survey work. At the afternoon session, Wednesday, Mrs. Jessie Daniels Ames, Secretary of the Texas Division of the Interracial Relations Commission, gave a talk and among other things congratulated the State Board of Nurse Examiners for demanding just as high a standard for negro nurses and negro schools as for white ones. It was voted to send a delegate to the meeting of this organization in the fall. A resolution to stand behind this organization to promote health among the negroes was adopted. Mrs. Elizabeth Speer, Executive Secretary of Prisons and Prison Labor, talked on this subject and told the nurses that the dark blot upon the State on account of the awful conditions in the prisons is the fault of every citizen; therefore, if nurses are good citizens they should help to educate the public. She congratulated the Association on being the first to contribute \$100 for the physical examinations of the prison inmates. Doctor Pettinger of Texas University gave a talk on the Educational Survey and made some very startling remarks concerning the public schools. The Private Duty Section was in charge of Mollie Hines, of Ft. Worth, and the following topics were discussed: How can we put pep in this section? Why do nurses not like to nurse in private homes? How do private duty nurses take recreation? How would you change the program of your State Association? Thursday was taken over by the Public Health Nurses and Friday morning, the League of Nursing education. On Friday afternoon, Mrs. Alma Rembert, of Dallas, gave the report of the Detroit meeting and raised enough enthusiasm to insure a good delegation for Atlantic City. The following officers were elected: President, Anne Taylor, San Antonio; vice presidents, Mollie Faye of Dallas, A. Wright of San Antonio, E. D. Greene of El Paso; secretary-treasurer, A. Louise Dietrich, El Paso; trustees, Mary Grigsby of Waco and Mollie Hines of Ft. Worth. The meeting paused for a few minutes while the names of those members who had gone to their reward were read: Allie Shipp, San Antonio; Miss Busby, Waco; Allie Brookman, Temple, and Sen. R. M. Dudley, El Paso, who helped with the bill in 1923. Two hundred and twenty nurses sat down to the beautiful banquet given by District No. 8, which was the

largest ever held, many beautiful courtesies were extended the guests and they adjourned feeling that they had had a most successful meeting. Houston was chosen for 1926. Galveston.—THE ALUMNAE ASSOCIATION OF THE COLLEGE OF NURSING held its annual banquet at Hotel Galvez, May 31. The graduating class of John Sealy Hospital were guests. An address was given by Dr. C. T. Stone, Professor of Medicine, University of Texas. Houston.—A Florence Nightingale Memorial Service, sponsored by St. Barnabas' Guild, was held at Christ Church, May 12, in which eighteen organizations cooperated. The address was given by Rev. C. S. Quin; the student nurses repeated the Nightingale Pledge.

Utah: Salt Lake City.—THE LATTER DAY SAINTS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Nurses' Home, May 11. All officers of the association were reelected but the treasurer, who had resigned. Mrs. E. G. Richards was elected to that office. Graduating exercises were held in the Assembly Hall for a class of 34, on May 28. On May 15, the graduating class was entertained at a dancing party in the McCune Home by the Alumnae.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION held its annual meeting in Burlington, May 5. The morning session was devoted to business and reports with a demonstration of the Schaeffer Method of Resuscitation by Erna Kuhn. In the afternoon, officers were elected, there was a report and discussion by the Legislative Committee, with a talk on Legislative Ethics by Hon. James Burke. There were meetings of the different sections and of the members of the American Red Cross. At the evening session the address of welcome was given by Doctor Beecher, Mayor, with a response by the acting president, Erna Kuhn, and an address, How to Protect the Criminal from Society, Dr. J. C. O'Neil, State Hospital, Waterbury. All Alumnae Associations were asked to give reports of their year's activities. Officers elected were: President, Erna A. Kuhn, 4 Boyles Street, Greenfield, Mass.; vice president, Hazel Danbrook, Montpelier; secretary, Mrs. Joseph W. Blakely, 11 Winter Street, Montpelier; treasurer, Mrs. D. A. Barker, 15 Cottage Street, Rutland; directors, Mrs. Harold Taylor, Anna Nelson.

Virginia: When the board of directors of the GRADUATE NURSES' ASSOCIATION OF VIRGINIA met in Madison Hall, University of Virginia, on May 11, the day before the official opening of the twenty-fifth annual convention held May 12-15, the report of the Foundation Fund Committee showed that Richmond had gone over its quota in the state-wide campaign to raise \$30,000 for the establishment of a chair of nursing at the University. As at that time the campaign had been carried on only in the capital city, both the committee and the entire board were enthusiastic, and most hopeful for the success of the movement. Further to ensure this, the board recommended to the committee that it employ Martha V. Baylor to continue the work on similar lines until the entire amount be pledged. At the opening session, Dr. J. C. Flippen, Dean of the School of Medicine, University of Virginia, gave the address of welcome, to which the President of the association, Agnes D. Randolph, Richmond, replied. The remainder of the program was devoted to business. The association duly authorized the employment of Miss Baylor in accordance with the recommendation made by the directors the preceding evening. Ethel Smith, the secretary, brought in a report recommending that the law be amended to include the registration of tuberculosis nurses and at the final business session a motion was passed requesting the board of examiners and directors to investigate the matter and if such an amendment was thought to be safe, to offer it, and if not, to call a special meeting at a later date. This being the association's jubilee year, the climax of the convention was reached in the public celebration when the birthday gift from Mrs. J. R. V. Daniel, of Richmond, of \$1,000, to the Foundation Fund was announced. The speakers of the evening were Dr. Edwin A. Alderman, President of the University; Dr. Allen W. Freeman, professor of public health, Johns Hopkins, and Carolyn E. Gray, Teachers College. Miss Gray, speaking on University Education for Nurses, paid high tribute to the late Sadie Heath Cabanis, the great pioneer nurse of Virginia and the whole South. Another speaker was Frances M. Ott, Elkhart, Indiana, whose subject was Nursing Values, and so intensely interesting was her talk and personality that the impression she made was

most marked. On the second night of the convention, an Alumnae dinner was held, under the chairmanship of Ruth B. Epperson, Parrish Memorial Hospital, Portsmouth. As the roll was called, practically every member pledged itself to raise \$1,000 for the Foundation Fund, which, when accomplished, will entitle that Alumnae to founder membership. If all are successful, the total amount will be \$19,000. Edmunds Hospital, Dansville, and Roanoke General, Roanoke, were received into Alumnae membership. All the officers were reelected and are as follows: President, Agnes D. Randolph; vice presidents, L. L. Odom, Hattie Norris, Evelyn Hill; secretary, Natalie Curtis; treasurer, Florence A. Bishop. Josephine McLeod, University of Virginia, was elected to the Board of Directors; Nina P. Ramsey was appointed chairman of the Catawba Commission; Nora S. Hamner, chairman of the publicity committee. Immediately following the adjournment of one of the most satisfying conventions in the history of the association, Miss Randolph and Miss Baylor called on Congressman R. Walton Moore, chairman of the Executive Committee of the Foundation Fund and discussed with him plans for the continuation of the financial campaign. This campaign was held in Norfolk, June 8-13, and from there will be carried to the other cities and larger towns of the state. Catawba.—The graduating exercises of the CATAWBA SANATORIUM TRAINING SCHOOL were held in the Sanatorium Chapel, May 26. The diplomas were presented by Dr. Enion G. Williams, Chief of the Virginia State Department of Health, and the Sanatorium pins by the Medical Director, Dr. J. B. Nicholls. The address was made by Rev. Karl M. Block, of Roanoke.

Washington: The annual convention of the WASHINGTON STATE GRADUATE NURSES' ASSOCIATION was held at Walla Walla, May 27 and 28, and the Washington Public Health Association on May 29. Delegates from all the nine District Associations of the State were present, giving most encouraging reports. The well known musical talent of Walla Walla was most generous, giving several numbers at the opening of each session. Notable among these on the program were Prof. S. B. L. Penrose, President of Whitman College, on the Value of Hobbies; Dr. W. B. Penny, of

Tacoma, on Insulin; Prof. W. M. Kern, Superintendent of Public Schools, Walla Walla, on Value of Continued Study in Any Profession; Dr. J. P. Kane, Health Officer of Walla Walla County, on Value of a Full Time Health Unit; Prof. H. S. Brode, of Whitman College and President of the Washington State Tuberculosis League, on Tuberculosis. Elnora Thomson, of Salem, Oregon, spoke on Medical Hygiene and the Public Health Nurse. Special papers were given by nurses on Anesthesia, Ethics, Organization, Physiotherapy and on various problems relating to the Private Duty Nurse. All of these papers brought out most animated discussions which contributed very materially to the meetings. The forethought of the Walla Walla Nurses, District 5, was sensed in the many personal touches, throughout the entire convention, working for the comfort and happiness of their guests. Everett, Washington, was selected for the place of meeting in 1926 and the following officers were elected: President, Mrs. Ella Harrison, Everett, Wash.; vice presidents, Alice Claude, Spokane, and Katherine Major, Seattle; treasurer, Mrs. Celia R. Satterwhite, Seattle; secretary, Cora E. Gillespie, Seattle; Board of Directors for three years, May S. Loomis and Mrs. M. W. McKinney, Seattle, and Anna Knott, Walla Walla.

Wisconsin: THE FIRST DISTRICT NURSES' ASSOCIATION, Kenosha-Racine, held their regular May meeting and annual banquet in Racine. About thirty members were present and enjoyed a pleasant evening. The Second District held its annual meeting at Mercy Hospital, Janesville, on May 9. The following officers were elected: President, Levina Dietrichson; secretary, Anna Downey; treasurer, Hannah Quirk. The Fourth and Fifth District annual meeting was preceded by a banquet at the Hotel Medford. Adda Eldredge was the honored guest and gave the members a very inspiring address on The Qualifications of Leadership. She urged every officer elected to consider her office a trust and to fulfill her duties faithfully. Following is the result of election of officers: President, Mrs. C. D. Partridge; secretary, Ruth Kahl; treasurer, Helen O'Neil. Marion Rottman, who has resigned as Superintendent of Nurses of the Mount Sinai School for Nurses, Milwaukee, to become the Director of Nursing

Service of Bellevue and Allied Schools, New York, was the honored guest at a dinner given by a small group of her co-workers at Wulfs Island, the evening of June 11. Bena Henderson was toastmistress and in a few words expressed the sorrow in parting with Miss Rottman, but also the joy in having her so singularly honored. Miss Rottman said it had been a great pleasure to come back to her own State the last few years and her interest in Wisconsin would never wane. Adda Eldredge spoke of the stupendous piece of work that Miss Rottman had instigated in Milwaukee and also of her power to push things to completion. Lenore Bradley, Miss Rottman's successor, is a graduate of Teachers College and has been assistant director of nurses, Henry Ford Hospital, Detroit. THE EVANGELICAL DEACONESS HOSPITAL held dedication services at the Church of the Redeemer, May 7. The meeting was opened by Rev. P. Bratzel, President, Deaconess Society; English address by Rev. B. Howe, Superintendent; German address by Rev. H. Niefer; History of Building, William Helz. Graduating exercises for a class of six were held May 21, at Trinity Evangelical Church. The address was given by Adda Eldredge; diplomas were presented by Rev. Bruno Howe; Dr. R. W. Blumenthal presented the class pins. The SEVENTH DISTRICT held its annual banquet at the Loreto Club. Doctor Lippman of Minnesota University was the speaker of the evening his topic being the Pre-School Child and Mental Hygiene. The following officers were elected: President, Marie C. Gobel; secretary, Ann Magnuson; treasurer, Rose Jahmiak. Eau Claire.—THE TENTH DISTRICT held its regular meeting at Luther Hospital, June 2. After the business session, Adda Eldredge gave a very interesting talk in relation to her work as Director of Nursing Education in Wisconsin. She urged especially the great need of more teachers and leaders in the field of nursing. In bidding Miss Eldredge a pleasant journey abroad to attend the International Council of Nurses, the nurses presented her with a leather traveling case. A social hour was enjoyed and luncheon was served. Commencement exercises were held for the graduating class of LUTHER HOSPITAL AND TRAINING SCHOOL FOR NURSES, June 22. The following evening, the Alumnae Associa-

tion gave a banquet in honor of the graduates at the Hotel Eau Claire.

### MARRIAGES

Wilhelmine E. Brodt, May 7, to Paul J. Brightman. At home, Birmingham, Ala.

Marie Burke (class of 1923, Ithaca City Hospital, Ithaca, N. Y.), to A. Howland, May 24. At home, Ithaca, N. Y.

Garnet Jane Barnett (class 1924, Allegheny General Hospital, Pittsburgh, Pa.), to Joseph M. Dixon, April 24. At home, Oakmont, Pa.

Ruth Mary Carrigan (class of 1920, Springfield Hospital, Springfield, Mass.), to John Phelan, M.D., June 10. At home, Albany, N. Y.

Helen Katherine Carter (class of 1925, Methodist Episcopal Hospital, Brooklyn, N. Y.), to John Frederick Cumming, M.D., May 9. At home, Abetrombie, N.D.

Theresa Curley, June 11, to Edward J. Ryan. At home, Detroit, Mich.

Ethel Eastman (class of 1921, Joseph Eastman Hospital, Indianapolis, Indiana), to Arnold Mohn, May 11. At home, Indianapolis.

Gladys Evans (class of 1924, Lenox Hill Hospital, New York City), to Joseph Golden, June 1.

Eunice Foureman (class of 1925, Cleveland Training School for Nurses, Cleveland, O.), to James M. Cronin, June 6.

Katie Heinachel (class of 1922, Christ's Hospital, Topeka, Kans.), to Francis E. Blackburn, April 11. At home, Goodwater, Ala.

Nellie Heinachel (class of 1922, Christ's Hospital, Topeka, Kans.), to Mr. Cameron, April 21. At home, Lebanon, Kans.

Ethyl Miriam Iddings (class of 1918, Kane Summit Hospital, Kane, Pa.), to E. W. Schacht, May 1. At home, Cleveland, Ohio.

Dolly Elizabeth Jordan (University Hospital, Augusta, Ga.), to Edward A. Stoll, May 5. At home, Sparkman, Fla.

Grace C. Kemmerer (class of 1921, Methodist Episcopal Hospital, Philadelphia), to V. Wood Le Bar, April 6.

Esma Libhart (class of 1919, Lankenau Hospital, Philadelphia), to Joseph Raphael, April 20. At home, Riverside, Calif.

Jane Elva Lyon (class of 1920, Springfield



Hospital, Springfield, Mass.), to Leslie B. Crossman, April 11. At home, Bristol, Conn.

**Flora D. MacNaughten** (Corning Hospital, Corning, N. Y.), to Robert Parent, April 24. At home, New York City.

**Angie Merriman** (class of 1922, Utica Homeopathic Hospital, Utica, N. Y.), to Lester Sheldon, May 16.

**Josephine Virginia Nadler** (class of 1912, Lenox Hill Hospital, New York City), to F. Lindemeyer, May 18.

**Romaine Roberts** (class of 1923, Indianapolis City Hospital), to Joseph N. Kemerer, May 30, 1925. At home, Indianapolis, Indiana.

**Sciote Belle Roush** (class of 1920, General Hospital, Cincinnati, O.), to Robert Stahler, May 7. At home, Portsmouth, O.

**Mary Savage** (class of 1910, Frederick Ferris Thompson Hospital, Canandaigua, N. Y.), to Sidney C. Wilbur, April 25.

**Ruth L. Williams** (class of 1921, Ithaca City Hospital, Ithaca, N. Y.), to James Vincent Ricci, M.D., May 30. At home, New York City.

#### DEATHS

**Hattie Corey Baker** (class of 1891, Colorado Training School, Denver), on June 18, of pneumonia, at the Denver General Hospital. Mrs. Baker had been supervising nurse of the Children's Pavilion of the Denver General Hospital for many years. She was skilled and patient, contributing to many recoveries where treatment had to be continued for months. She had earlier done private nursing. Burial was at Greeley, Colo.

**Alma Brandt** (class of 1916, Wesley Hospital, Kansas City, Mo.), on April 12, of double pneumonia, at the Margaret Williamson Hospital, Shanghai, China. Miss Brandt went to China as a nurse missionary in August, 1923. Her death comes as a great shock to her many friends.

**Mrs. Sidney W. Moss** (Catherine Phyllis Brown, class of 1918, Orange Memorial Hospital, Orange, N. J.), on May 18, at Saranac Lake, N. Y.

**Katherine Campbell** (class of 1893, Salem Hospital, Salem, Mass.), after a lingering illness, at Belmont, Mass. Miss Campbell was

a Red Cross Nurse and was in service nursing in the camps for twenty months.

**Marjory Conrad** (Kane Summit Hospital, Kane, Pa.), on May 26. Miss Conrad was Surgical Supervisor at the Brookville Hospital, Brookville, Pa., for over two years.

**Henrietta Denfield** (class of 1910, Paterson General Hospital, Paterson, N. J.), on May 16. Miss Denfield gave her life in a vain effort to save a patient for whom she was caring, when her home was burned. When a state trooper entered the building under a water screen from the fire hose, he found the bodies of nurse and patient clasped in each others' arms. Members of the Paterson General Hospital and District 2 Association attended her funeral in uniform.

**Mrs. Isabella Gardiner** (class of 1906, Minnequa Hospital, Pueblo, Col.), on June 10, following an operation at the Colorado General Hospital, Denver. Mrs. Gardiner had charge of the Graduate Nurses' Club and Central Registry. A very keen loss is felt by all who knew her.

**Evelyn A. Harnard** (class of 1892, Brooklyn Homeopathic Hospital, Brooklyn, N. Y.), on May 14, in Centerport, L. I., after a long illness. Miss Harnard was patient and cheerful to the last.

**Ellen Hart** (student nurse, class of 1926, Lenox Hill Hospital, New York City), on May 24, of pneumonia. Miss Hart was faithful and conscientious, of a gentle personality and high ideals.

**Lucie Teague Hill** (class of 1887, Lawrence General Hospital, Lawrence, Mass.), in May.

**Marion M. Holton** (class of 1892, Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases, Philadelphia, Pa.), on June 25. Miss Holton did private nursing until ill health compelled her to give up her work. She was a member of her Alumnae Association.

**Minnie Scott Hurlbert** (graduate of the Lawrence General Hospital, Lawrence, Mass.), on May 18, after a short illness of lobar pneumonia, at the Somerville Hospital, Somerville, Mass. Burial was at her former home in Nova Scotia.

Mrs. Myrtle Phenix (Myrtle Hurley, class of 1910, John C. Proctor Hospital, Peoria, Ill.), on May 31, in Bradford, Ill. Mrs. Phenix was at one time city tuberculosis nurse of Peoria.

Florence Virginia Langley (member of the Sixth District, Illinois), on April 13, of pneumonia and uremic poisoning after a few days' illness. Burial was at Bloomington, with military honors. Miss Langley was head nurse at Brokaw Hospital.

Myra Lucille Mundell (class of 1923, Grace Hospital, Detroit, Mich.), on April 10, of streptococcal infection. Miss Mundell was a woman of high ideals, with a fine spirit of service, beloved by her associates and valued by her patients.

Nell Parrish (class of 1897, Allegheny General Hospital, Pittsburgh, Pa.), at East Liverpool (Ohio) City Hospital, June 11, following six months' illness of heart disease. Miss Parrish has held executive positions ever since her graduation, first as Superintendent of East Liverpool City Hospital, then New Kensington (Pa.) Hospital and recently Massillon (Ohio) City Hospital. Miss Parrish leaves a host of friends to mourn her loss. Funeral services and burial will be at Pittsburgh, Pa.

Garnet Isabel Pelton (class of 1903, Massachusetts General Hospital, Boston, Mass), on June 15, at the Denver General Hospital, Denver, Colo. (A notice of Miss Pelton's work will appear later.)

Mrs. O. H. McLemore (Mae Knox Plemple), on June 7, at Saranac Lake, N. Y. Mrs. McLemore was a graduate of the Nason Hospital, Roaring Springs, Pa. She entered military service in 1918 and served at Camp

Sevier, S. C., and at General Hospital, No. 3, Rahway, N. J. She lived in New York for several years after her marriage in 1919, but came to Saranac Lake in 1922 where she was so ill that she was in bed much of the time until her death. In spite of this handicap, her beauty of character and her fortitude in suffering made her many friends. The service at Saranac Lake was attended by Red Cross nurses and members of the American Legion.

Eleanor M. Regan (class of 1896, Mercy Hospital, Chicago), on June 1, at her home in Madison, Wis., of malignant tumor. Miss Regan was the first graduate nurse in Madison, and her superior work set a high mark for those who followed her. She was a private duty nurse, untiring in her vigilance, forgetful of self and devoted to her profession. She was one of the ten charter members of the Madison Association of Graduate Nurses (now 3d District), when it was formed, and has served in many capacities in these organizations. She was for several years a director of the State Association. Her greatest contribution to her profession and to her state was as Secretary of the Madison Committee of the Red Cross Nursing Service from 1914 until her death. Her staunch and beautiful Christian character made her greatly beloved by the people of Madison.

Recently, Anne Strong, of Boston, Mass. (A fuller notice of Miss Strong's work will appear later.)

Mrs. Ralph S. Cone (Florence Sutton, class of 1911, Hackensack Hospital, Hackensack, N. J.), on May 22, at the Hackensack Hospital, of pneumonia. Burial was at Westwood, N. J.

If life is long I will be glad,  
That I may long obey;  
If short, yet why should I be sad  
To soar to endless day?

—Baxter

## BOOK REVIEWS

**THE MENTAL GROWTH OF THE PRE-SCHOOL CHILD.** A Psychological Outline of Normal Development from Birth to the Sixth Year, Including a System of Developmental Diagnosis. By Arnold Gesell, Ph.D., M.D., 447 pages. Illustrated. The MacMillan Company, New York. Price, \$3.50.

Doctor Gesell's book is distinctly a contribution to science, not a piece of popular writing. It will appeal to the pediatrician, the clinical psychologist, and the very scientifically minded parent, rather than to the general reader. Its four parts, thirty-eight chapters, and four hundred and forty-seven pages, contain a great deal of repetition, all of it quite legitimate and useful in presenting the material from various points of view, and for various purposes. The result is a book to be consulted for this or that purpose rather than one to be consecutively read.

The important contribution to our knowledge of the mental growth of the pre-school child comes in Part II—norms of development. The norms are based in part on tests applied under standard conditions, and in part on observation and report of the child's abilities. Norms are presented for the following age levels: four months, six months, nine months, twelve months, eighteen months, two years, three years, four years and five years. The reactions of fifty children of each age were recorded. The normative items are grouped under four headings: motor (29 items), language (26 items), adaptive behavior (50 items), and personal-

social behavior (39 items). Most of the items are graded by a system which assigns a rating of A-plus to the frequency 1 to 19 per cent., A to the frequency 20 to 49 per cent., B-plus to the frequency 50 to 64 per cent., B to the frequency 65 to 84 per cent., and C to the frequency 85 to 100 per cent. To illustrate,—the item "ability to sit up" is graded as follows: trying to sit up, C at 4 months; sitting with support, A-plus at 4 months, B-plus at 6 months, sitting alone, A-plus at 6 months and C at 9 months.

It is in furnishing a much needed set of norms of development, particularly for children under three years of age, that the book makes its greatest contribution. Every pediatrician and every clinical psychologist should be able to make a more adequate estimate of the mental development of the children with whom he deals as a result of Gesell's work. Ultimately the scale will need to be refined. The year intervals from two to three and from three to four are too long. Between one and two years, the six-months' interval is too long. Gesell himself has indicated that under a year it will probably be possible to gauge development by months.

It will require a series of records started in infancy and maintained to the adult period to prove beyond doubt how far the rate of development of the first year or two can be taken as indicative of what is to follow. Gesell believes—and others dealing with young children agree with him—that retardation or acceleration in very young childhood has as real a significance as it has in

later childhood. It may sometime be possible, he thinks, to predict from the progress of the first year what educational level the child will be able to attain. Adoptions can then be made with far more assurance of meeting the requirements of the family making the adoption, than at present.

The book is copiously illustrated with pictures of children of various ages. It also contains supplementary material consisting of studies of twins, studies of superior and inferior infants, and statements of individual variations in reaction.

While the importance of personality traits and of the mental hygiene of young childhood is recognized throughout, the book makes no direct contribution to an understanding of this phase of child life.

HELEN T. WOOLLEY, Ph.D.,  
*Detroit, Michigan.*

THE CHALLENGE OF CHILDHOOD:  
Studies in Personality and Behavior.  
By Ira S. Wile, M.D. 305 pages.  
Thomas Seltzer, Inc., New York.  
Price, \$3.50.

A good title, "The Challenge of Childhood," one which will make those interested in the welfare of children throw back their heads, brace their feet, and prepare to meet the challenge. They are childhood's problems which challenge us and in presenting them Doctor Wile has used the case history method, a method used heretofore only by professional writers for professional groups, and yet now as we read Doctor Wile's book we wonder why it never has been used for the group not strictly professional but tied together by a common human interest. For what could be a

more human way of discussing a problem than by having it presented as a concrete Olive, or Joseph, or Philip? It immediately gives a basis for understanding which is helpful.

Doctor Wile divides the problems of childhood into four groups, those in which the approach may be regarded as physical, intellectual, emotional, or social, saying as he does so that "the primary approach does not mean that it is the only one but rather that it is of paramount value in the specific case in question." Such being the case, it is inevitable that there will be differences of opinion among many readers with many varying points of view as to which approach is of paramount value in certain cases. But that will mean that the book is stimulating thought and that, Doctor Wile says, is his main purpose.

Fifty case histories are outlined and with the case presented as the starting point, Doctor Wile interprets, analyzes and usually prescribes for the particular case, and also discusses the general problem illustrated by the case. The majority of the children are in the pre-adolescent or adolescent period, and the behavior is usually accounted for by the present conditions, not always in a wholly convincing way. One wonders if the possible influence of the conditions in early years has been duly considered. The individual cases and the methods of making adjustments are interesting and give helpful suggestions; the general discussions are at times overlong and involved, detracting rather than adding to the helpfulness of the book.

The physical problems presented give rise to discussions of such subjects as glandular deficiency, malnutrition,



enuresis, the importance of complete physical examinations for children, and the necessity for considering every factor before undertaking any but imperative operations on children.

The children appearing as intellectual problems bring up questions of school adjustment; the child of low mentality, of superior mentality, and the child presenting the need for special adjustment in the educational system are all discussed. The child with marked astigmatism as the basis of trouble and the child with limited vision because of a fractured skull might be considered by some as physical problems, but Doctor Wile for some reason has classed them among the intellectual problems.

Emotional problems range from the two-and-a-half-year-old who ruled his household and showed it by wishing at night to climb the walls or eat, to the nineteen-year-old who feared insanity. With such a range there is, of course, a great variety of problems which permits discussions of the value of early training, the question of corporal punishment, the emotional reactions between the different and differing members of a family, and, last but not least, the adolescent period.

Just why a case of endocrine deficiency who was emotionally stable was discussed in this group of cases rather than in the first is a question which arises in one's mind, as well as questions in regard to some of the differentiations between the emotional and the social problems.

The last group of cases all present behavior problems which are the outgrowth of unfortunate or bad home conditions—children lazy, lying, stealing, running away, unruly, repressed,

timid, unhappy, contemplating suicide, all in danger of becoming liabilities to the community instead of assets because of bad social conditions.

The stories of only fifty children told, and yet representing how many thousands! Who knows? It is indeed a challenge.

WINIFRED RAND,  
*Detroit, Michigan.*

FEEDING, DIET AND THE GENERAL CARE OF CHILDREN. A Book for Mothers and Trained Nurses. By Albert J. Bell, M.D. Second Revised Edition. Illustrated. 290 pages. F. A. Davis Company, Philadelphia. Price, \$2.

The preface to Doctor Bell's book calls attention to the fact that the author wishes to make this book educational, and after carefully reading through the various chapters it will likely be agreed that the desired result has been attained.

Not only will this book be very useful to nurses, but especially helpful to mothers who need such information as it contains. It is to be hoped that Doctor Bell's book will find its way into the hands of all such women.

The information contained in the many chapters is most instructive and enlightening, but one reads with greatest interest the chapters on Prevention, which so well carry out the educational purposes of the book.

Preventive Dentistry is emphasized, a subject which needs to be constantly brought to the attention of parents. In the chapter on Nutritional Disturbances, Rickets is discussed in simple terms, the prevention of which should be the knowledge of every

mother. The diet lists for children of various ages are carefully chosen. We agree with the author that more attention should be given to the posture of children, and excellent advice is given in the form of exercises.

We hope that the second edition of Doctor Bell's book will be as successful as the first edition.

MAY L. WHITE, R.N.,  
*Milwaukee, Wisconsin.*

#### BOOKS RECEIVED

**THE PROBLEM CHILD IN SCHOOL:** Narratives from Case Records of Visiting Teachers. By Mary B. Sayles. With a Description of the Purpose and Scope of Visiting Teacher Work by Howard F. Nudd. Publication No. 4 of The Joint Committee on Methods of Preventing Delinquency, New York. 288 pages. Price, \$1.

A non-technical, readable volume of concrete illustrations of the struggle against odds confronting the child who is "out of step," and the efforts made to pierce through surface manifestations of maladjustment to underlying causes, and through the understanding thus gained to solve behavior difficulties. These cases are classified to indicate the nature of the principal elements of trouble, as: Parental Attitudes, Feelings of Inferiority, Diverse Issues, Questions of Honesty and Sex Problems, and are followed by an illuminating account of the origin, scope and purpose of the visiting teacher movement, with a list of thirty localities selected for demonstrations.

**THE MODERN NURSING OF CONSUMPTION.** By Dr. Jane H. Walker. 75 pages. The Scientific Press, Ltd., London.

**STAY YOUNG.** By Raymond Leslie Goldman. Illustrated. 217 pages. The Macmillan Company, New York. Price, \$2.

**THE ESSENTIALS OF PHYSIOLOGY:** Including the Pharmacodynamics of the Important Typical Drugs. By George Bachmann, M.S., M.D., and A. Richard Bliss, Jr., A.M., Ph.D., M.D. 343 pages. Illustrated. P. Blakiston's Son and Company, Philadelphia. Price, \$3.50.

**SURGERY OF THE SPINE AND EXTREMITIES.** By R. Tunstall Taylor, B.A., M.D., F.A.C. 550 pages. Illustrated. P. Blakiston's Son and Company, Philadelphia. Price, \$7.50.

**LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS.** By Robert W. Lovett, M.D., Sc.D. Fourth Edition. Revised. 217 pages. Illustrated. P. Blakiston's Son and Company, Philadelphia. Price, \$2.50.

**MEDICAL ELECTRICITY FOR NURSES.** By Harold Wigg. Illustrated. 196 pages. The Scientific Press, Ltd., London. Price, 6/ net.

**MEDICAL EDUCATION: A Comparative Study.** By Abraham Flexner. 334 pages. The Macmillan Company, New York. Price, \$2.50.

**A TEXTBOOK OF CHEMISTRY AND CHEMICAL URINALYSIS FOR NURSES.** By Harold L. Amos, M.D. Third Edition. Revised. 248 pages. Lea and Febiger, Philadelphia. Price, \$2.25.

**PRACTICAL DIETETICS: with Reference to Diet in Health and Disease.** By Alida Frances Pattee. Fifteenth Edition. 687 pages. Illustrated. A. F. Pattee, Mount Vernon, New York. Price, \$2.60.

**PRIMER OF PHYSIOLOGY: Being a Practical Textbook of Physiological Principles and Their Applications to Problems of Health.** By John W. Ritchie. Illustrated. Third Revision. 276 pages. World Book Company, Yonkers, N. Y. Price, 88 cents.

**PRIMER OF SANITATION: A Simple Textbook on Disease Germs and How To Fight Them.** By John W. Ritchie. Illustrated. Third Revision. 231 pages. World Book Company, Yonkers, N. Y. Price, 84 cents.

**PRIMER OF HYGIENE: Being a Simple Textbook on Personal Health and How to Keep It.** By John W. Ritchie and Joseph S. Caldwell. Illustrated. Third Revision. 184 pages. World Book Company, Yonkers, N. Y. Price, 80 cents.

**A COMPEND OF GYNECOLOGY.** By William Hughes Wells, M.D. Fifth Edition. Revised and Enlarged. Illustrated. 371 pages. P. Blakiston's Son and Company, Philadelphia. Price, \$2.

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